

AGENDA

The McLean County Board of Health Meeting Wednesday, May 13, 2015, 5:30 p.m., at McLean County Health Department, 200 W. Front Street, Room 322, Bloomington, Illinois.

Item Packet Page # 00

AGENDA

- A. Call to Order
- B. Establish Agenda 00
- C. Public Participation
- D. Approve Minutes of Mar 11, 2015 01-07
- E. Consent Agenda

1. Bills to be Paid

		<u>March 2015</u>	<u>April 2015</u>
Health Dept	112-61	\$169,787.02	\$181,126.05
Dental Sealant	102-61	22,903.36	27,769.30
WIC	103-61	12,873.03	23,014.43
Prev Health	105-61	4,881.60	5,996.57
Family Case	106-61	29,569.10	30,495.38
AIDS/CD	107-61	9,552.55	10,376.02

F. Committee Reports

G. Quarterly Staff Reports

- 1. Community Health Services 08-10
- 2. IPC 11-13
- 3. Behavioral Health 14-67
- 4. Administration 68-72
- 5. Environmental Health 73-77
- 6. Maternal Child Health Services 78-81

H. Director's Report

Attachment A

I. Old Business

1. Items For Action

- a. Mental Health Advisory Board (MHAB) A-3, D
- b. Draft Bylaws – Mental Health Advisory Board (MHAB) A-4, E

2. Items For Discussion

J. New Business

1. Items for Action

- a. FY16 Mental Health & Substance Abuse Funding Recommendations A-1, C
- b. New Contracts/Grant Applications A-2, B

2. Items For Discussion

- a. IDHS Better Birth Outcome Performance Report 1/01/15 – 3/31/15 A-5, F
- b. Community Based Dental Clinic A-6, G
- c. Public Health Week Activities A-7

K. Board Issues

L. Adjourn

MINUTES
McLEAN COUNTY BOARD OF HEALTH
REGULAR MEETING – MARCH 11, 2015

MEMBERS PRESENT: Powell, Bowers, Buchanan, Emm, Ginzburg, Naour, Owens, Tello, Turley, and Wollrab

MEMBERS ABSENT: Kerber

STAFF PRESENT: Howe, Anderson K, Anderson T, Aune, Beavers, Coverston-Anderson, Dreyer, Desamu-Thorpe, and Voss

CALL TO ORDER: Powell called the Board of Health meeting to order at 5:42 p.m. with no corrections to the agenda.

PUBLIC PRESENT: Jan Morris, Retired Health Department Employee
Susan Schafer and John McIntyre; McLean County Board

MINUTES: Powell requested approval for the January 14, 2015 minutes.

Owens/Buchanan moved and seconded approval for the minutes of January 14, 2015. Motion carried.

CONSENT AGENDA:

1. Bills to be Paid –		<u>As of 2/2/15</u>	<u>As of 2/27/15</u>
Health Department	112-61	\$118,601.56	\$231,896.88
Dental Sealant	102-61	19,107.31	32,109.46
WIC	103-61	3,174.65	23,242.55
Preventive Health	105-61	713.23	6,409.63
Family Case Mngemt	106-61	5,098.81	56,365.83
AIDS/CD Control	107-61	4,762.39	4,579.93
TB Care and Treatment	111-62	2,831.67	

Tello/Turley moved and seconded approval for the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: Coverston Anderson shared the minutes of the February 11, 2015 John M. Scott Health Care Commission. She noted that the Commission activity report shows consistent service activity across all programs and that they are waiting for any Affordable Care Act changes before making any changes in program activity.

Coverston Anderson noted that the commission is reviewing the by-laws and Sue Grant, Supervisor of Community Health Services, and current chair of the Scott Commission, will lead the committee formed to review the by-laws.

Coverston Anderson distributed a copy of a form prepared by Health Department staff which lists the Optometrist's and Eye Glass providers that will take Medicaid. Currently, no ophthalmologists take the medical card. She explained that effective, December 31, 2014, the Health Department discontinued the Medicaid Vision program as well as the Eye Glass/Value Vision program

OLD BUSINESS: Howe discussed the Mental Health Advisory Board (MHAB), Attachment C, in the packet. He noted that the primary membership criteria that the Board of Health should establish for the MHAB are: a clear conflict of interest criteria; assurance that members are committed to providing counsel, direction and advice without personal special interests and outside the scope of current contractual obligations; and should include a diverse group of professionals with a special knowledge and interest in the field of mental health beyond policy makers and governing officials. Examples of targeted membership would include school psychologists, Town of Normal and City of Bloomington administrative staff, police officers from with Bloomington, Normal, or other municipalities, key jail staff members, housing authority staff or other unaffiliated non-agency staff.

Howe explained that the role of the MHAB is to act as a trusted advisor to the Board of Health. The MHAB should be comprised of 9 to 15 members and he suggested 9. These members should have knowledge and interest in the field of mental health.

Howe noted that the duties of the members would include: working closely with the behavioral health/developmentally disabled coordinator; assisting the Board of Health in its development of the strategic plan; assisting with updating the mental health strategic plan; evaluating priorities for funding based on its strategic plan, analyzing data collected; assisting with the reviewing and evaluating of funding request; and reporting to the Board of Health on a schedule determined by the Board of Health.

Buchanan noted that an unbiased mental health perspective would be a valuable asset. Howe also explained that their opinion would be beneficial for making funding decisions. Howe advised Board members to submit comments or questions to Powell so that a selection tool can be developed to assist with establishing the MHAB. Tello requested clarification about the role the MHAB would play in creating strategic direction. Howe noted that the MHAB will only be the Board's advisors. Policy and strategic direction are solely the Board of Health's responsibility.

Owens requested clarification about the necessity for the Board of Health to vote for the process of formulating the MHAB. Owens would like to have the MHAB finalized and a resolution to make sure all pieces are addressed. Powell stated that before contacting prospective members the roles need to be defined. Howe requested that the Board review the provided document and send comments to Powell by April 15, 2015.

Beavers noted that she had 19 candidates submitted to her and if the Board had others to add to the list, please submit ASAP. Beavers stated that they need to have an interest in behavioral health to help guide us forward and hone in on needs.

Powell thanked the Board members for submitting names of potential members.

NEW BUSINESS: Howe reviewed the CONTRACTS/GRANT Applications for March 2015, attachment B, and requested approval. He noted that most of the contracts and applications were renewals. He highlighted the Mental Health 1st Aid application with Children's Home Foundation totaled \$99,991 and that the HIV Prevention contract is actually extending the current grant from 12 months to 18 months at the same monthly value.

Buchanan/Bowers moved and seconded approval for the CONTRACTS/GRANT Applications for March 2015. Motion carried.

Beavers explained the process of the FY16 Mental Health Funding Review. She distributed a sheet summarizing the 19 programs from 12 agencies that requested funding, stated that a total of 1.9 million dollars has been requested. There were 9 new programs this year. She also distributed a copy of the FY16 Timeline and noted that agency applications will be on-line Thursday March 18, 2015 for review; also funding binders are being prepared for each Board

member to be picked up at the Health Department.

Beavers reported that oral presentations are being scheduled for March 30, April 1, and April 2. If the Board is interested in attending, please let her know. The final decisions will be made at the May 13, 2015 Board meeting.

Wollrab inquired as to what happens if an agency doesn't meet the required funding criteria. Beavers explained that if an agency fails to satisfy the required criteria, then the funding request could be denied or the funding amount could be lessened. Wollrab asked about how agencies would have a chance to give feedback. Howe explained that dialogue with agencies could happen during the oral presentations.

Howe requested that after Board members receive the FY16 Applications and have questions or concerns they should contact Beavers. Beavers also noted that there isn't unlimited funding and the guidelines are the same as requested last year.

Wollrab asked if a program runs the risk of losing funding to another agency. Beavers noted that a reduction of services was made last year for duplicating services provided by another agency. One of the issues is that the agencies are passionate about providing individual services to their clients. Tello noted that unfortunately the Health Department must be fiscally conservative and good stewards of public funds.

Buchanan and Owens both expressed hope that agencies take the opportunity to collaborate this year. Turley stated that if agencies adopted a hybrid model for a different population, public versus private funds that would help. Buchanan also expressed a desire for agencies to look at sustainability and make their programs grow.

Powell thanked Beavers for all of her hard work. Beavers reminded Board members about the oral presentation dates and that her OSSI would email the dates to them once they are confirmed.

Howe discussed the clarification from Federal Register, December 31, 2014, re: excerpts from final rule pertinent to collaborating or joint Community Health Needs Assessments (CHNA) reports, which was Attachment D. Howe spoke specifically about (v) Joint CHNA Reports. A hospital facility that collaborates with other hospital facilities or other organizations (such as state or local public health departments) in conducting its CHNA will satisfy paragraph (b)(1)(iv) of this section if an authorized body of the hospital facility adopts for the hospital facility a joint CHNA report produced for the hospital facility and one or more of the collaboration facilities and organizations, provided that the following conditions are met: (1) The joint CHNA report meets the requirements of paragraph (b)(6)(i) of this section; (2) The joint CHNA report is clearly identified as applying to the hospital facility; (3) All of the collaborating hospital facilities and organizations included in the joint CHNA report define their community to be the same.

Howe noted that there was a meeting on February 27, 2015 to discuss the ability to work collaboratively to produce a county-wide community health needs assessment. Plans include creating one document to satisfy the needs of IPLAN which is due every five years and the hospitals plan which is due every three years for data and updates. The two local hospitals are on similar, but not identical, 3-year cycles. Tello inquired about a schedule. Howe reported that the next IPLAN is due in 2016. IPLAN is a public health credentialing process currently on a 5 year cycle. Local data is collected over time culminating in a 5 year data reservoir directed toward identifying current health system deficiencies. Updates to data occur continually. Owens inquired if the needs assessment will contain information on behavior health. Howe explained that it will contain data on all aspects of the communities' health.

Howe introduced both Jan Morris, retired health promotion manager and Nicole Aune, current health promotion manager to discuss the FY2015 Employee Wellness Report and Funding Application. Morris discussed the 2014 Summary, which was included in the packet, as

Attachment E. She explained that the wellness program has provided numerous benefits for its employees for the last 17 years. The goal of the program was to empower employees to adopt healthier lifestyle behaviors and to improve their health while reducing illnesses and medical expenses. Morris was happy to report that the wellness program qualified for the Bronze recognition by the newly established "Illinois Healthy Worksites Designation" created as part of the statewide We Choose Health community transformation grant.

Morris reported that a total of 472 County employees participated in the Employee Wellness Programs in 2014. She reviewed the summary of employee's wellness participation activities. Measures of participation from 30 different departments resulted in 1067 activity counts. Morris mentioned that with the ability to bill insurance for immunizations, significantly more employees took advantage of screenings, flu shots, TDap, Shingles vaccine, and other services. The Health Department has worked collaboratively with the City of Bloomington to offer vaccines at no cost to employees.

In 2014, 375 individuals completed the health risk assessments which allow employees deductible credits toward health insurance. Morris distributed the results of the health risk assessments summary.

Aune discussed the 2015 Employee Wellness Program proposed budget and identified three main goals for the year: (1) establish data collection methods to better track and understand the County's employees health outcomes and the resulting success of the Employee Wellness Program; (2) identify priority health issues and employee interests to design a customized program that best meets the needs of all employees; and, (3) increase engagement by expanding program delivery modalities. The Board expressed good job to both Morris and Aune.

Aune discussed the FY2015-2019 Strategic Plan Development and explained that some components were in motion before she began working at the Department. Aune reported that the environmental scan and SWOT analysis were previously completed. In early March program managers met to determine the status of the 2012 strategic objectives by answering if they have been completed, are still in progress, or still relevant. The managers are currently in the process of developing new strategic objectives and aligning those objectives with the 10 Essential Public Health Services. Aune noted that managers are brainstorming future strategic objectives that will better guide the Department in providing each essential public health service to the community.

Aune reported that next steps will be compiling all the information that has been gathered over the past two months and fine-tune and prioritize the strategic objectives. Once the new objectives are established, we will determine action steps needed to accomplish each goal.

Howe stated that the plan will be brought to the Board for suggestions and final approval.

DIRECTOR'S REPORT: Contained in discussion above.

STAFF REPORTS: Beavers stated that the IPC report was on packet pages 7 through 9. Beavers explained that turnout for the February 15th special last-minute enrollment opportunity was significantly lower than final enrollment days in 2014, with only 24 individuals seeking assistance in the final two days. At the end of February, the Centers for Medicare and Medicaid Services announced a special enrollment period from March 15th to April 20th for individuals who are still uninsured in 2015 and learn for the first time about the 2014 fine for lacking insurance when filing taxes. Wollrab inquired about an estimated number of individuals who choose not to enroll. Beavers explained that data is not currently available. Howe pointed out that staff is asking for that local data.

Beavers reported that Behavioral Health reports are on pages 10 through 56 as agencies sent them. She pointed out that significant detail from CHS, Chestnut, and PATH are contained in the reports. Wollrab stated that she noticed that they contained lots of information but

lack outcome data. She questioned if people are getting what they need. Beavers noted that the agency only reports data on the programs funded by the 553 board. It is not meant to be all-inclusive. Wollrab repeated that it doesn't give her the information. Beavers explained that the Department has been working with agencies to develop more detailed reports. Beavers explained that if the Board wants specific outcome criteria from a funded agency, we need to work with them to build a format for providing that information.

Dreyer reported that the department is in the beginning stages of implementing a new medical records and revenue cycle management system. The program is called ezEMRx and the department is contracting with Custom Data Processing, Inc., (CDP) on the implementation. Dreyer noted that CDP is also the company that Environmental Health is using for their new food program. IPHA has worked with CDP on making the system available to local health departments in Illinois. McLean County will be one of the first local health departments in Illinois to use this system. Dreyer explained that they were anxious to work with us because of our success in the insurance billing pilot program that we were in.

Tello asked about a timeline. Howe explained that we are in the early stages. Buchanan inquired about hardware. Howe explained that it would involve an investment in some hardware, but the exact amount is still being formulated. Dreyer noted that this program has been used in Utah and this will be the first time in Illinois. Howe stated that the company was selected by a bid process. It was chosen because of the interface with other programs. Tello inquired about hospitals. Howe stated that it should interface with local hospitals and other medical facilities for transmitting medical information, but like all technical systems will have challenges. Ginzburg stated, "Good luck". He sighted specifics problems that Advocate has encountered with their program.

Anderson T, reported for the Environmental Health Division noting that the report was on packet pages 57 through 60. He explained that activities were slow during January and February due to the weather. However, there was lots of proposed activity including the planned opening for the Hy-Vee store. Owens stated that Hy-Vee has a good track record.

Anderson T stated that his Division has received 8 new food plans for review and 27 single event temporary food permits were issued during January and February. He explained that the winter weather slowed the numbers for septic, water well, and Geothermal. He noted however, that he expected an increase in Geothermal with the anticipation of tax incentives. Wollrab inquired why this County doesn't require the posting of food ratings that she has noticed on her travels to other states. Anderson explained that McLean County assigns a percentage rating, but does not require public posting at the restaurant. Wollrab questioned how prospective clients were to know how a particular restaurant is doing during inspections. Anderson T explained that every food establishment's inspection score history is on the department's Website and anyone can ask a restaurant about their food inspection scores. Wollrab asked if it is legal to require food establishments to post the food scores. Anderson T stated the scores may be required to be posted but the posting format will be required to conform to the State of Illinois proposed language. Anderson T reported that under the State proposed posting system, he feels it is more confusing to the individual than the normal high-low or percentage score indicators. The State uses a pass/fail template.

Anderson T gave an update on the on-going discussion with the State concerning the closed loop well situation. As previously mentioned, the State verbally rescinded our ordinance concerning closed loop wells due to the County requirement for all geo-thermal contractors, including those who are also primary Water Well Contractors; pay a registration fee to conduct business as a geothermal contractor in the county. Anderson T noted that States Attorney Jessica Woods has reviewed the issue and it is now with IDPH's General Council. Tello inquired

about the revenue aspect. Howe stated that it is a precedent setting issue that could impact many programs once decided. Howe feels the department is confident in the ability to establish program fees for services delegated to the local health departments by IDPH. Anderson T noted that the Board will be updated on this issue.

Anderson T reported on the electronic inspection program that is currently being reviewed and decided upon. He explained that this system will be used in the field and will eliminate sanitarians from entering information on paper and bringing back to the office to do the data entry. Howe stated that it will eliminate duplication. Anderson T explained that CDP from Romeoville, IL is the company providing the inspection program and they are also working with the department to establish an electronic medical records program.

Anderson T noted that staff is working on the West Nile Surveillance program that will officially begin May 18, 2015 and run through October 15, 2015. Program activity is often based on evening temperatures. When evening temperatures fall consistently below 55 degrees the mosquitoes are no longer active. The earliest the program has ended in the past was mid September.

Anderson K reported that the Maternal Child Health report was on packet pages 61 through 64. She stated that March is National Nutrition Month and the Nutrition and Breastfeeding Friends Fair was held at the department on March 10th. The fair was moved from August to March this year to incorporate the recognition of nutrition month and was open to the public. The event had 87 in attendance and clients received one-stop shopping during the event in that they were able to pick up available WIC benefits.

Anderson K gave an update on the WIC Facebook page where the division shares WIC activities, WIC news and promotes breastfeeding.

Anderson K pointed out the FCM: A day in the life story concerning a Better Birth Outcomes client. She stressed that case manager's deal with issues such as this every day.

Anderson K reported that the AOK State coordinator is working to promote the AOK networks across the state by offering regional workshops lead by the local agency AOK coordinators. The first workshop was held in Springfield on March 5th and the second workshop will be held in Joliet on April 10th. Maureen Sollars, MCHD AOK Coordinator will be presenting at the Joliet workshop on how to bring community members together to build and sustain networks.

Anderson K mentioned that February was a difficult month in building attendance at clinics and explained that some was weather related and some impact is felt with the fewer number of clinic days due to the shorter month. Staff has been very accommodating in clinics, exploring creative ways to increase serving clients from 8:00 a.m. until 4:30 p.m. and heighten demand. Staff will be exploring marketing ideas to get clients in for WIC services.

Anderson K noted that FCM has been down three staff members due to the resignation of two staff nurses and the maternity leave of a case manager. Existing staff has done a great job in covering the areas.

Anderson K mentioned the recent article in *The Pantagraph*, Life Section on February 20th. Department staff donated hats and mittens for clients during the holiday time and recently a Tuesday noon-time group of employees have been knitting hats for clients. Anderson K explained since the article there has been an outpouring of community support including donations of additional knitted items and yarn. Tello shared thanks to staff in being resourceful and sharing their talents.

Coverston Anderson reported that the Community Health Services report was on pages 65 through 72. Coverston Anderson discussed the number of immunizations provided in the VFC program has increased from 9210 given in 2013 to 10,072 in 2014. She explained that some providers are unable to meet the standards of providing VFC vaccines. When this occurs, their clients are referred to the Health Department for our VFC vaccination services.

Coverston Anderson discussed the Community Outreach Program which was launched in early fall of 2014 providing flu vaccines to individuals at their place of work. Participation in off-site clinics included 6 McLean County school districts, including Unit 5.

Coverston Anderson spoke about a new IDPH Adult Immunization initiative that was announced in December of 2014 and is still being developed by IDPH. This project will provide VFC vaccines to local health departments to administer to individuals who are under-insured or not insured for immunizations. It is anticipated that vaccines will be ordered and training received by April 1, 2015.

Coverston Anderson discussed the discontinuation of the Medicaid Eyeglass program and the Valued Vision program that ended December 31, 2014, however, the Vision and Hearing program will continue to be offered in schools and childcare programs.

Coverston Anderson introduced Rodel Desamu-Thorpe who was hired as the Communicable Disease Supervisor. Desamu-Thorpe came from the City of St. Louis Department of Public Health and has experience in HIV, AIDS, and other communicable diseases.

Coverston Anderson reported that Ebola concerns in the U.S. have diminished, but that outbreak concern continues in West Africa. Staff will continue to remain active answering calls from citizens and healthcare providers.

Coverston Anderson noted that final stats for 2014 in the Animal Control program were on packet pages 69 through 72 and that bite statistics were on page 72. She explained that the CD staff will continue to work with animal control staff in investigating animal bite reports.

Coverston Anderson spoke about a new Hepatitis C pilot project that IDPH is initiating, for individuals born in the years 1945 through 1965. The project goal is to identify asystematic high risk individuals who are living with Hepatitis C and don't know it. It is a short term project and IDPH will have counselors available to work with clients testing positive.

BOARD ISSUES: Owens brought the issue of the agenda being posted on-line. He wanted to know if it was possible to post the agenda, including the attachments, on-line. He felt that it was a good idea and adds to transparency and would be cheaper than printing and mailing the packet. He understood that the minutes couldn't be posted until approved, but wanted the Board of Health to look into the possibility. Staff indicated they will explore the possibilities and report to the Board in May.

ADJOURN: Ginzburg moved and the Board of Health meeting was adjourned at 7:23 p.m.

COMMUNITY HEALTH SERVICES DIVISION

Board of Health Quarterly Report

1st Quarter 2015 (January – March 2015)

For May 13th, 2015

Highlights and Service Trends:

Community Health:

▪ **Dental Program:**

- **Adult Dental:** With the loss of the 2nd dentist providing services to adults on Fridays, the number of clinics per month in 2015 has been reduced from four to two. 2015 State budget cuts initially targeted substantial reductions to adult dental Medicaid reimbursement, but funding has since been restored at least through June 30th, 2015.
- **Children's Dental:** In comparison to 2013, a 5.7% decrease in completed children's appointments was experienced in the Children's Dental Clinic in 2014. In response in 2015, staff continue:
 - To explore and identify the reasons for the decline, including: the presence of 2 new clinics in the community accepting Medicaid recipients; and, the finding that a Medicaid Managed Care Organization had failed to list MCHD as one of the approved providers in this area; and,
 - To discuss, implement and evaluate various strategies to reduce the no show rate.

▪ **Immunizations**

- **1st Quarter:** In comparison to 2013, the # of immunizations provided in the VFC program increased from 9,210 (2013) to 10,072 (2014), a 9.35% increase. The 1st quarter of 2015 demonstrated a continued increase in the # of VFC immunizations, with 2,676 immunizations administered compared to 1,841 in the 1st quarter of 2014—a 45% increase. This activity level occurred despite the loss of 1 RN, who transferred to the Communicable Disease Program on a part-time basis throughout January and February (transfer finalized 3/1/2015), while her replacement was in orientation. In addition:
 - A 36% increase during the 1st quarter of 2015 (N=159) was noted in the Private Insurance/Self-Pay immunizations program in comparison to 1st quarter 2014 (N=50).
 - Although the number of adults seeking influenza vaccinations decreased substantially by 1st quarter of 2015, there were 384 flu vaccinations provided to children January through March 2015, a 40.6% increase in comparison to the 273 given during the same period in 2014.
- Vaccines for Adults (VFA) is the name of the new IDPH Adult Immunization initiative which offers free vaccine to local health departments to administer to individuals who are under-insured or not insured for immunizations. The state receives the vaccines through federal 317 funds. Health departments may still charge the vaccine administration fee. Staff received training from IDPH on the program on 4/23/15.

▪ **Community Outreach Program**

- **1st Quarter:** Oversight of this new program was officially transferred from Administration Division to the Community Health Services Division on 1/1/2015. Although immunization outreach is a key component of this program, additional services will be offered through outreach. Initial efforts included:
 - Outreach to school nurses and childcare centers to offer Tdap vaccine on-site, after pertussis cases were identified in McLean County early in the quarter. With the measles outbreak in Chicago, these groups were also informed of the health department's ability to vaccinate adults for MMR as well as draw specimens for titers for measles, mumps and rubella.

- The provision of vaccinations to children at Bloomington Junior High School's 2-day 6th grade orientation event (Mon., 4/6/15 and Tues., 4/7/15 from 5:30 – 7:30 pm). The Promise Council for BJHS set up the medical portion (vaccinations; physicals) of this orientation event. The Council's goal for vaccinations was 23. Results: A total of 28 children received 1-2 vaccinations, approx. 10 others had to be turned away due to lack of documentation; a total of 45 vaccinations were administered:
 - # Tdap: 28 (9-private insurance; 19 VFC)
 - # Meningitis: 17 (5-private insurance; 12 VFC)
- Partnership with the Health Promotions Program:
 - To assist with the Employee Health Fair by offering vaccines billable through insurance (Tdap and Pneumococcal) to employees at the joint Employee Health Fair (4/24/15) with the City of Bloomington—the first time a joint health fair has been offered. A total of 5 (private insurance) Tdap vaccinations were provided between 6:30 am and 11:30 am.
 - To plan, develop and implement marketing strategies; and,
 - To provide educational materials and booth staff at the annual Women's Health Night to promote vaccinations adult and children, and promote the "I am Public Health" theme. This year the event was at ISU's Brown Ballroom on Tuesday, April 14th, from 3:00 pm – 7:30 pm. Between 200-300 individuals stopped by the booth. All services and materials provided by a vendor booth at this event must be free, so no vaccinations were provided.

▪ Home Nursing Agency:

- **1st Quarter:** current license expired 3/31/15; the renewal application was submitted well before the due date of 1/31/15; the new license was received in April 2015. The Home Nursing Agency is now recertified through 3/31/2016. 1 full-time and 1 part-time Public Health RN worked in this program in 2014 to provide 462 visits to homebound adults. The part-time RN transitioned throughout January and February into the Communicable Disease Program, and it was determined that the Home Nursing Program would continue with only the full-time RN seeing Home Nursing Agency clients at this time.

▪ **Eye/Vision Programs:** As of January 1st, 2015, the Valued Vision Eyeglass Program and the Medicaid Eyeglass Program were terminated. Order pick-up/repairs are to continue through 1st and 2nd quarter.

Personnel:

- **1st Quarter:**
 - New hires during this quarter include:
 - January: Kristina Conder, RN, Immunization Program
 - February: Rodel Desamu-Thorpe, Communicable Disease Supervisor
 - March: Kara Donaldson, OSS-I (Community Health Services)
 - Transfers: Geri Stuart, RN, from Children's IMM and the Home Nursing Agency (completed 3/1/15)
 - Retirements: Deborah Adekoya, RN (3/31/15)
- **2nd Quarter:**
 - Resignations: Melissa Graven, RN (4/3/15)
 - New Hires: Michele Barr, RN (5/4/15)
 - Transfers: Katie Phillips, RN (5/26/15), from WIC to the Communicable Disease Program

Communicable Disease:

- **1st Quarter:**
 - **Ebola Response:** staff performed Active Monitoring for two clients during 1st quarter. In February 2015, IDPH allowed local health departments to submit a reimbursement request for any active monitoring that was conducted. In addition, presentation requests continued.
 - **TB:**

- January 2015: The Lead RN for TB provided a presentation and testing opportunities for staff and volunteers at a local homeless shelter. This testing event, as well as the one at a homeless shelter in December 2014, was conducted for surveillance purposes. No active or latent cases of TB were found.
- The Lead RN for TB retired, effective 3/31/2015. Her replacement was hired in April, with a 5/4/15 start date.

PH Emergency Planning and Response (PHEPR) Program:

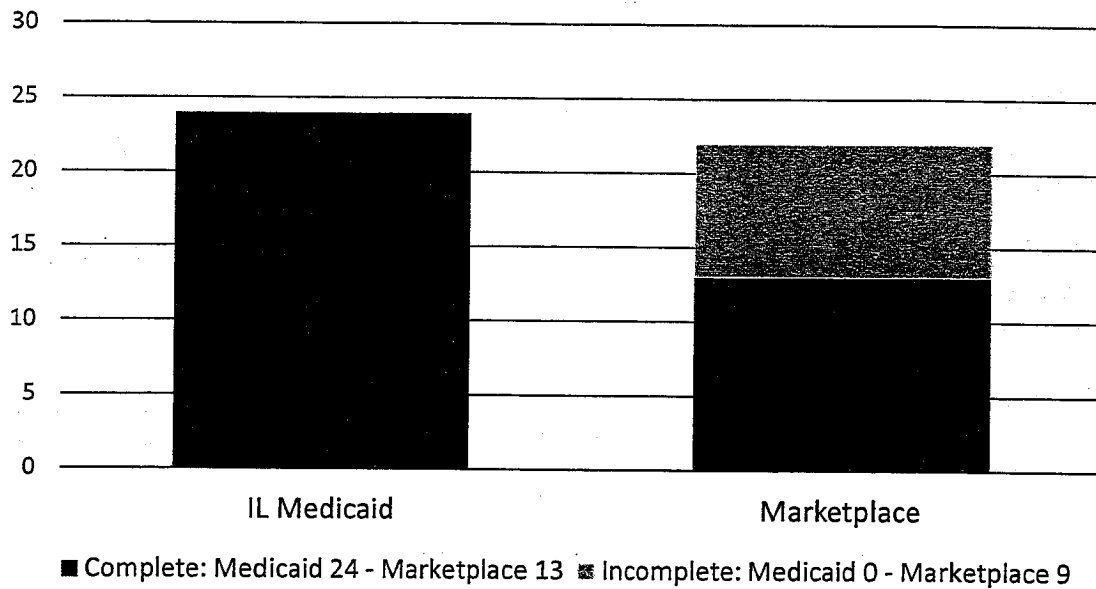
- **1st Quarter:**
 - The NACCHO-funded MRC Capacity Building Award of \$3,500 was received.
 - Staff responded positively to a request by IDPH to assist them with the planning and provision of a Mass Antibiotic Dispensing (MAD) Course in Bloomington (scheduled for 4/30/15 – 5/1/15) for regional response partners, taught by staff from the Centers for Disease Control and Prevention. Staff identified and secured a training site (the former regional airport building) and provided equipment for use.
 - Staff continued to produce a weekly Incident Action Plan (IAP) for the Ebola response. This is considered a best practice during a response to an incident; and, under some circumstances (e.g., a declared disaster), it is a requirement if a jurisdiction plans to submit documents for federal reimbursement for expenses incurred during a disaster response.

Administrative Activities/IPLAN:

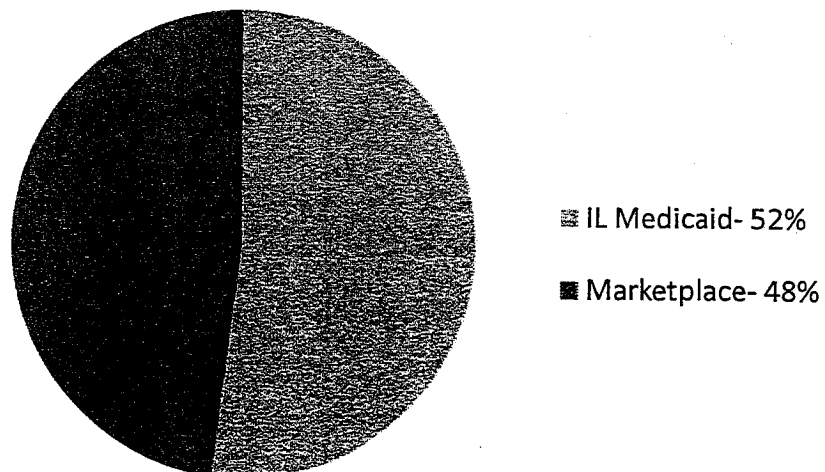
- **1st Quarter:**
 - IPLAN: many phone calls, emails and meetings took place with representatives from both local hospitals, the United Way, and other community stakeholders to discuss the possibility of working together collaboratively to conduct the next community needs assessment and health plan. The hospitals are now required to conduct a needs assessment and develop a health plan every 3 years (next due 9/2016 and 10/2016); MCHD's is due 7/2017. During 2nd quarter, this Collaborative Assessment group, at a meeting on 4/27/2015, agreed to work together and share resources to produce one assessment and health plan—to be used by all entities required to submit these documents—by 9/2016.

In-Person Counselor Program Highlights March - April 2015

46 Enrollments



IL Medicaid vs. Marketplace



What's Happening Now?

The months of March and April were busy outreach months for the In-Person Counselor (IPC) Program. Outreach efforts were focused on reaching individuals who might qualify for the Tax Season Special Enrollment Period lasting from 3/15-4/30, as well as individuals qualifying for Illinois Medicaid.

The Tax Season Special Enrollment Period (SEP) applied to individuals who remained uncovered in 2015 and learned for the first time about the 2014 fine for lacking insurance when filing taxes. These individuals will have the opportunity to elect a plan for the remainder of 2015.

IPCs sent mailings to tax preparers in McLean County, as well as attending numerous AARP and VITA-sponsored tax preparation events in Bloomington-Normal, in order to inform individuals of this unique opportunity to get coverage.

Effective March 17th, part-time IPC, Katy Carlson is no longer working for the IPC program. Get Covered Illinois insisted that her employment end due to her part-time status. The IPC grant specifically stated that IPCs must be employed on a full-time status.

Get Covered Illinois announced that IPC grantees would be given the opportunity to request additional funds from the state to prolong the IPC Program end date until June 15, 2015. IDPH was able to secure these funds on behalf of its sub-grantees.

Enrollment

During March and April, IPCs assisted with 24 applications for IL Medicaid and 22 Marketplace applications for coverage, for a total of 46 applications.

Marketplace Open Enrollment ended on February 15th, significantly reducing the numbers of individuals accessing enrollment assistance.

Education

In March and April, the IPC program shifted its focus away from providing educational presentations and towards outreach and enrollment. No educational presentations were offered during this time period.

Outreach

IPC's continued to do outreach to local social service organizations, businesses, and healthcare organizations, reaching 514 individuals during the time period of March 1st- April 30th.

3/6 & 4/20	Community Health Care Clinic-	20 attendees
3/16, 3/30, 4/13, 4/27	Home Sweet Home Ministries	96 attendees

4/2, 4/9, 4/16, 4/23, 4/30	Western Avenue CC	58 attendees
3/10	Breastfeeding Friends Fair	87 attendees
3/6, 3/11, 3/20, 4/1, 4/8	Mt. Moriah- VITA Tax Prep	39 attendees
3/3, 3/5, 3/12, 3/16,	Bloomington Pub. Lib- Tax Prep	169 attendees
3/19, 3/26, 3/30, 4/2,		
4/9, 4/13		
3/26, 3/28, 4/11	Blm. Housing Authority- VITA Tax Prep	45 attendees

Upcoming Outreach Events

Due to the ending of the Tax Season Special Enrollment Period, the IPC program will scale back its outreach efforts. Continued outreach will target low-income, Medicaid-eligible populations primarily.

FY15 Third Quarter Reports

****Copies of the quarterly reports submitted by contracted agencies are provided in the following order**

Center for Youth and Family Solutions – Moral Reconation Therapy

Chestnut Health Systems Drug Court

Chestnut Health Systems School Based Services

McLean County Center for Human Services Mobile Crisis

McLean County Center for Human Services Psychiatric

PATH Crisis Line 211

PATH Community Crisis Planning, Follow Up & Outcome Reporting

Project Oz

15

Primary problem area(s) of clients serv Substance Abuse, Criminal Offenses and Legal Issues.

Please attach a brief narrative of:
 Program Activities
 Progress in achieving program objectives
 Problems encountered and how they were handled

MRT

FY15 – 3rd Quarter Report – Narrative

Program Activities

The MRT group continues to meet on a weekly basis. We met 13 times over the course of the 3rd quarter. We currently have 13 active participants. Over the course of the 3rd quarter 5 new group members were added. No group members were discharged, however, 1 group member was placed back on our waiting list as a result of continued missed group sessions. We have several group members that are very close to graduating, including 1 whom is scheduled to graduate on 4/14/15.

As mentioned in the 2nd Quarter report, we have been transitioning to working with Level 1 Drug Court participants. However, we had several Level 2 participants already waiting to get into group, so they were prioritized to enter into group this quarter. Moving forward, Level 1 Drug Court participants will be the focus, as well as Recovery Court and Adult Redeploy participants as deemed appropriate by Court services.

We continue to collaborate with Court Services, Chestnut and the McLean County Jail on MRT. We continue to meet in order to ensure all programs are delivered with fidelity. We talk about issues as they arise and provide support to one another. Several group members have transitioned back and forth from our group to the group at the Jail. We have also worked with Chestnut to ensure our group members that are currently involved in residential programming at Chestnut are allowed to participate in our MRT group. We are also excited about the expansion of MRT within the community. The Jail has recently initiated a group for females, and Chestnut is in the process of starting a group for non-Drug Court involved females.

In coordination with Court Services staff, MRT staff are now utilizing the “Pull” incentive program implemented in Drug Court. Participants are rewarded for positive behavior. Please see the document that further describes the Pull system attached to our 3rd quarter report email.

Progress in Achieving Program Objectives – As no one was discharged in Quarter 3, none of these client related outcomes have changed since the 2nd Quarter report was submitted.

- 70% of referred probationers will successfully complete the MRT Program

Thus far 21 participants have completed the program.

- 11 Were Successful (52.3% Successful)**
- 6 Were Incarcerated**
- 1 Neutral (graduated from the Drug Court Program)**
- 1 Deceased**

- 70% of participants who successfully complete our MRT program will not recidivate in the year following (no new felony or misdemeanor convictions)

Of the 11 participants who have successfully completed the program, 1 has been convicted of a new offense (91% successful)

- 80% of group participants will report they are either satisfied or very satisfied with the overall services provided through the MRT program.

11 Satisfaction Surveys have been submitted

100% of group participants reported they were either satisfied or very satisfied with overall services provided through the MRT Program.

100% also stated that they would recommend CYFS services to others

- We will continue to complete MRT Fidelity Checklists on a quarterly basis.

See attached MRT Fidelity Checklist completed 3/31/15

- We will continue to share weekly client progress summaries with McLean County Probation staff
Written weekly summaries are shared with Probation staff every week.
- 70% of program completers will show improvement through pre and post testing utilizing the Texas Christian University Criminal Thinking Scales

TCU Criminal Thinking Scale

- Entitlement – 3 improved; 7 remained the same; 1 regressed
- Justification – 6 improved; 5 remained the same
- Power Orientation – 5 improved; 4 remained the same; 2 regressed
- Cold Heartedness – 8 improved; 3 regressed
- Criminal Rationalization – 6 improved; 1 remained same; 4 regressed
- Personal Irresponsibility – 6 improved; 3 remained the same; 2 regressed

TCU Social Functioning Scale

- Hostility – 5 improved; 4 remained the same; 2 regressed
- Risk Taking – 7 improved; 4 remained the same
- Social Support – 5 improved; 4 remained the same; 2 regressed
- Social Desirability – 6 improved; 4 remained the same; 1 regressed
- Attentiveness – all 9 remained the same

Problems Encountered and How They Were Handled

No major problems were encountered during this quarter. We are currently exploring the possibility of moving our group from the Grand Jury Room at the Law and Justice Center to the Evidenced Based Practice room at Court Services. The Grand Jury Room is a shared space, as such we are not allowed to leave MRT materials in the room and we are required to take our MRT posters down on a weekly basis. If we are able to move into the Evidenced Based Practice room, this would alleviate these problems and would also be less prone to distraction, since the Grand Jury room is much more exposed.

We are also very excited about a one-day follow-up training which is scheduled for Monday, May 11th. We are hopeful this advanced training will be a great refresher and will serve to answer some questions that have developed since initially commencing the group.

Significant areas of remaining need

We are currently in discussion with Court Services about the possibility of providing MRT for juvenile offenders. We are also excited that the jail has initiated a group for females and that Chestnut has initiated a group for non-Drug Court involved women.

What has BOH funding allowed you to do that you could not do without this funding?

Without BOH funding, it is unlikely we would be able to offer MRT services.

Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

We are very excited about the success of the participants that have successfully completed the group. Thus far only 1 program graduate has been convicted of a new crime. We are also very happy with the feedback we have received through participant satisfaction surveys. Please find completed satisfaction surveys attached to this email.

19

Primary problem area(s) of clients served: Chemical Dependency

Problems encountered and how they were handled



Chestnut Health Systems FY '15':

3rd Quarter Report - Drug Court Program

Narrative Section:

Referral Sources for New Admissions: All clients are referred for services by McLean County Probation through recommendations by the drug court team.

Primary problem area(s) of clients served: All clients meet DSM-IV criteria for Substance Dependence and are evaluated to be appropriate for the program by the drug court team. The types of substances used include, but are not limited to: alcohol, cannabis, cocaine, hallucinogens, opiates, and synthetic drugs.

Program Activities:

The following represents some of the programmatic highlights in the Drug Court Program this quarter:

- We have three new male clients and two new female clients who were admitted this quarter, and we served a total of 35 drug court clients in treatment services.
- Drug Court held a graduation in March, and two clients graduated. In addition to the two graduates, another client left the program successfully and one client left unsuccessfully this quarter.
- Four clients were promoted to Phase II, and two clients were promoted to Phase III this quarter.

Progress in Achieving Program Objectives:

Objective 1:

100% of referrals to Chestnut Health Systems' Drug Court treatment program made by the Drug Court Coordinator at McLean County Services will be completed by the clinical staff within three business days.

Progress on Objective 1: The Drug Court Treatment Coordinator, Wendi Ashford, has maintained records regarding the dates that referrals were received from the Drug Court Coordinator at McLean County Court Services and compared them to the dates that the assessments were completed. Each potential client was assessed using the Global Appraisal of Individual Needs (GAIN), at either the McLean County Jail or Chestnut Health Systems. Three assessments were completed this quarter, and 100% of them were done within three business days.

Objective 2:

90% of the Drug Court clients will complete the assigned evidence-based curriculums (by the time they complete the program).

Progress on Objective 2:

Moral Reconciliation Therapy, Criminal and Addictive Thinking from the New Direction curriculum (designed to help break the link between criminal and addictive thinking), and Living in Balance (moving from a life of addiction to a life of recovery) are the three curriculums that we have chosen to keep data on this year. This quarter, we have 23 clients currently participating in Criminal and Addictive Thinking from the New Direction curriculum, and seven clients who have completed the curriculum this quarter. Additionally, we have 12 clients actively participating in the Living in Balance curriculum, and four clients completed the curriculum this quarter. We have two women who have completed Moral Reconciliation Therapy this quarter, and we have four women actively participating in the curriculum.

Objective 3:

All Drug Court treatment clients will complete the Recovery-Oriented Services Inventory (ROSI) quarterly.

Progress on Objective 3:

The purpose of the ROSI is to provide feedback about the core recovery values of hope, respect, empowerment, health and wellness, and spirituality and connectedness in order to know what services have been helpful to the clients' progress. The ROSI is a self-report survey/evaluation which asks clients to rate statements in each of the recovery value areas from "strongly agree" to "strongly disagree". The ROSI will be conducted quarterly to evaluate the clients' perceptions of their progress on the core recovery values. A baseline survey was conducted during the first quarter. Clients scored the areas of hope and respect the highest, and the lowest area was the health and wellness area. In the second quarter, scores were higher in the areas of empowerment, health and wellness, and hope, while they stayed the same in the area of spirituality and connectedness and decreased slightly in the area of respect. Although there was improvement in the health and wellness scores, it was still the lowest scoring area, tied with spirituality and connectedness. In this third quarter, the scores were the same as the second quarter in all categories except hope, which was just slightly lower. Interestingly, in a comparison of the scores of those who had been in treatment a year or less with those who had been in treatment more than a year, the scores of those who had been in treatment more than a year were higher for all areas than those who had been in treatment a year or less. Again, it appears that the clients are feeling much better, more hopeful, and more connected over time. The staff will focus on building hope with the clients in individual counseling sessions this quarter.

Problems Encountered and How They Were Handled:

- The new clinician, Tiarra Atkinson, continues to work on required training. She has completed military culture training and is currently working on GAIN assessment training. She has completed most of her training for the evidence-based curriculums that are used in Drug Court. She is scheduled to participate in a two and a half day Moral Reconciliation training. Although it is important that she be properly trained, much of her time is currently still being spent in training. As a result, the Drug Court Treatment Coordinator, Wendi Ashford, is carrying a much heavier caseload until Tiarra has fully completed her

training.

Additional Information:

- This quarter, a male client had knee replacement surgery. The Drug Court staff is going to his home to do individual counseling sessions and providing treatment work for him.
- Two clients are enrolled in school at Heartland Community College, and one is registered at Hair Masters Cosmetology School.
- The Drug Court staff attended an 8-hour training on Cultural Competency in Behavioral Healthcare.
- The Drug Court Coordinator attended a 5-day Illinois Certification Board Annual Spring Conference.
- The Drug Court staff also received training on Borderline Personality Disorder, Social Anxiety Disorder, Trauma Informed Care, Motivational Enhancement Therapy, and Addiction Treatment Pharmacology this quarter.

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Chestnut Health Systems

Quarter: 3rd	Program: Youth School Based Services (SBS)				
	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:					
Male	24	78	419	73.67	93.87
Female	12	52	164	147.28	63.41
Total Individuals Served/Hrs Provided	36	130	583	220.95	157.28
Age Group:					
Infants (0-3)					
Youths (4-13)	2	9	26	10.5	10.5
Teens (14-18)	34	121	557	210.45	146.78
Adults (19-59)					
Seniors (60 & up)					
Total Individuals Served/Hrs Provided	36	130	583	220.95	157.28
Residence:					
Bloomington	23	62	343	121.7	76.78
Normal	4	27	116	42.58	28.08
Other	9	41	124	56.67	52.42
Total Individuals Served/Hrs Provided	36	130	583	271.79*	157.28
Projected Individuals/Hrs Provided (if needed)					

*220.95+50.84 hr. outreach = 271.79

Referral Source for New Admissions: See narrative section of report

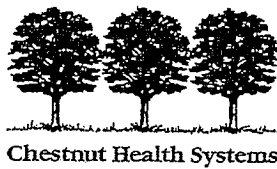
Primary problem area(s) of clients served:

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled



FY '14: 3rd Quarter Report - Youth SBS Program

Narrative Sections:

Referral Sources for New Admissions: Guidance Counselors, Principals, Vice Principals, School Nurse, Chestnut treatment team, Project Oz, and parents/guardians.

Primary problem area(s) of clients served: Primary problems include: substance use by student, friend and/or family members; problems stemming from substance use issues such as poor grades, truancy, school disciplinary issues, conflicts at home or school and legal issues. Additionally, students are frequently referred for high-risk behaviors such as symptoms of depression, anxiety, self-harm and grief/loss issues. SBS screens students for substance abuse and mental health issues, and works with referrals on a short-term basis and/or coordinates with school personnel to refer student to the appropriate longer-term community services.

I. Program Activities:

Activities that the SBS program engaged in this quarter included:

- Screening of students in the school setting for substance abuse issues
- Intervention sessions in the school setting, covering topics such as: reducing substance use, coping with mental health issues, anger management, peer relations, improving academic performance and attendance, communication skills, problem solving and relapse prevention. Sessions included the use of the evidence-based “Adolescent Community Reinforcement Approach” (A-CRA) protocol.
- Outreach efforts and meetings with contacts at schools and community referral sources
- Classroom presentations regarding drug education and social-emotional development.
- Helping to coordinate and present at community “Drug Education Night” in conjunction with Bloomington Assistant Chief of Police, Ken Bays
- Developed and conducted a presentation to parents at a local high school on the topic of “Stress, Anxiety, and Depression in High School Students.”
- Helping to conduct groups to assist members of local swim teams cope with the loss of a fellow swimmer.
- Attending trainings on CPR, CPI (Crisis Prevention Institute), and A-CRA.
- Involvement in community groups, such as Bloomington Normal Community Campus Committee (BNCCC); BNCCC-Parents Committee; Rebound Board, which provides college-age mentors for students at Kingsley Jr. High who are at high risk; Toastmasters to improve public speaking skills, and the McLean County Juvenile Justice Council.
- Crisis intervention in the school setting
- Helping students and/or families access services to other community providers

II. Progress in Achieving Program Objectives:

Objective 1:

“The SBS program will provide at least 50 outreach contacts during the first and fourth quarters, and 100 outreach contacts during the second and **third** quarters, for a total of 300 outreach contacts during the year.”

Progress on Objective 1:

The SBS workers conducted 117 outreach contacts during this quarter, including meetings with school personnel, community presentations, classroom presentations, telephone/electronic communication and marketing, and referral-relation meetings.

Objective 2:

“The SBS program will provide at least 25 screenings/assessments the first and fourth quarters and at least 40 screenings/assessments the second and **third** quarters, for a total of 130 screenings/assessments during the year.”

Progress on Objective 2:

The SBS workers conducted 36 screenings in the school setting this semester. (2 at University HS, 6 at Olympia Jr. HS, 6 at Central Catholic, 3 at Holy Trinity Jr. High, 2 at Chiddix Jr. High, 4 at Regional Alternative, 2 at Bloomington HS, 5 referrals from families, and one from each of the following: Chestnut Family Health Clinic, Ridgeview HS, Normal Community HS, TriValley HS, Project Oz, and Normal Community HS.)

Objective 3:

“The SBS program will provide at least 50 intervention sessions the first and fourth quarters, and at least 100 intervention sessions the second and **third** quarters, for a total of 300 intervention sessions during the year.”

Progress on Objective 3:

275 different intervention sessions were conducted this quarter.

III. Problems Encountered and How They Were Handled

- Early on in the quarter, all of the schools were closed for a few days due to snow or cold weather conditions. Since school was not in session, services were unable to be provided to students on those days. Scheduling accommodations were made to visit students quickly

upon their return, and to also make it a priority to visit the schools that were in session on days when other schools were closed.

- There continue to be schools that we have reached out to that could use our services, but do not ever access them. We will continue to reach out to these schools so they may see the benefit of our services. We were hoping to get more new referrals this quarter than we actually did.
- Overall, however, having an additional SBS worker has helped tremendously. SBS has been able to go to some schools that have many referrals more frequently and thus, able to see students more often.

IV: What do you see as the most significant areas of remaining need, with regard to improving services for those you serve?

Having more staff members in the schools would allow us to see students more often.

V: What has BOH funding allowed you to do that you could not do without this funding?

It has allowed us to have an SBS program, which we would not be able to do without the funding.

VI. Success Stories

“Daisy” is from a rural high school. She was referred by school personnel. Daisy was reporting symptoms of depression and much family conflict. She also had a history of suicidal ideation. Additionally, she admitted to drug use as a way to cope. SBS educated Daisy on the negative consequences of marijuana and other drugs, and worked with her on A-CRA communication skills and anger management. In addition, she was referred to a community agency for counseling services to assess her depressive symptoms and work with family conflict. Daisy and her mother agreed to this service, and outreach mental health services have reportedly been helping. Daisy continues to want to meet with SBS for additional support. She reported there has been much substance abuse in her extended family and she does not want to end up like some of her relatives. She wants to change the cycle of addiction that is prevalent in her family and be a successful member of society that will make her family proud. She also wants to be a good role model for her younger siblings. Daisy’s involvement in the SBS program resulted in her learning valuable coping skills, and she reports not engaging in substance use currently. She is getting along better at home and school, and has improved her family and peer relations. This is also positively impacting her educational functioning (attendance / grades). Daisy has reported feeling better about herself and her future.

“Ben” is a 16 year old male from a high school in Normal. He was referred to the SBS program, as well as outpatient services after being assessed at Chestnut. This came about after he earned a

10 day school suspension for alcohol use and possession. Ben has been focused on remaining clean and has been accepting to the help provided by SBS to stay on track. We have worked together on determining positive activities that he can do in place of his drug use, including playing his instruments and attending church. It was difficult for Ben to see anything positive that was occurring in his life when he first began SBS. He was only able to see the negatives - getting in trouble at school, his drug and alcohol usage, being bullied, and struggling to maintain good grades in the classroom. However, with the help of SBS, he has been encouraged to look at everything from a different perspective and to be proud of his accomplishments, no matter how big or small. In doing so, he has started feeling better about himself and is becoming more self-aware. Since he has stopped using drugs, he has seen his grades improve over the past few months from mostly F's to B's and C's, citing increased motivation as the reason behind the improvement. While Ben still has temptations to use drugs, he has been able to successfully stay clean over the past several months, due to an increase in self-esteem and wanting to be better for himself and his parents.

"Olivia" is a 17 year old female from a high school in Normal. She was referred to the SBS program after completing an assessment as part of her school's suspension reduction program. She had earned a 10-day suspension for being in possession of marijuana at school. Also as part of the school's disciplinary action, she was suspended from participation on her extra-curricular team for a period of about two and a half months. She saw her marijuana usage simply as a way to cope with her stress and depression, therefore not seeing the bigger picture of why it can be harmful. In working with Olivia, she used the intervention sessions as a time to process areas in her life that were causing her stress, which in turn became a way for her to work through those stressors in a more appropriate way. We have worked on finding the positives in what may seem like negative situations in her life, and focusing on those. She has also been able to identify additional constructive coping mechanisms, like writing poetry, rather than turning to drugs. Since getting in trouble at school, Olivia has not used marijuana and is very proud of herself for that. She was also able to finish out her season on the extra-curricular team.

VII. Provide any additional information that you would like us to know about the data submitted:

N/A

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 - THIRD QUARTER (JANUARY 1 - MARCH 31, 2015)
NARRATIVE ATTACHMENT
CRISIS INTERVENTION PROGRAM**

The purpose of this report is to provide information regarding crisis intervention services delivered by the McLean County Center for Human Services. Information contained in this report reflects services provided by crisis team members. Services were defined as any crisis intervention, assessment, and related services provided by either the mobile or in-house crisis team.

While this report focuses on program objectives, it also contains other information not required for this purpose in order to better understand the needs and trends of the community. In order to reflect the extensive crisis services in the community and provide accurate information to other entities involved with the provision of mental health services in the county, The Center for Human Services continues to enhance its data gathering and reporting processes. Although information gathered and subsequent reports may seem similar from one quarter to another, such data cannot always be directly compared. Explanations of such information are contained in the narrative sections below.

PRIMARY PROBLEM AREA(S) OF CLIENTS SERVED

Crisis Assessment and Stabilization

- A mental illness or emotional disruption so severe that it incapacitates an individual to the extent that he/she is unable to perform activities of daily life effectively (e.g., schizophrenia, bipolar disorder, intermittent explosive disorder, etc.)
- Suicidal or homicidal ideation, impulses, gestures
- Behavior disruptive to the community for an unknown reason
- Individuals experiencing their first psychiatric symptoms

SUMMARY OF PROGRAM ACTIVITIES

- Stabilization of individuals in crisis so that they can remain safe and function better in the least restrictive environment.
- Referral to appropriate next step following stabilization (e.g. hospitalization, counseling, case management)
- Screening and crisis counseling for walk-in and emergency Medicaid and non-Medicaid referrals.
- Screening individuals who present for psychiatric hospitalization at Advocate BroMenn or St. Joseph's Regional Medical Center.
- Conduct welfare checks on individuals identified as high-risk by other professionals. Welfare checks are often planned assessments that are non-urgent in nature. The goal of these services is to provide support and early intervention to those at risk before their symptoms become exacerbated.
- Consultation with law enforcement, educational personnel, and other medical professionals in determining the most appropriate response to mental health issues they encounter in the community.

ACRONYMS

The following are frequently used acronyms contained in this report:

- | | |
|--|--|
| ➤ BPD: Bloomington Police Department | ➤ MH: Mental Health |
| ➤ CYFS: Center for Youth and Family Solutions | ➤ NPD: Normal Police Department |
| ➤ EMS: Emergency Medical Services | ➤ PATH: Providing Access to Help |
| ➤ MCCHS or CHS: McLean County Center for Human Services | ➤ SASS: Screening Assessment and Support Services |
| ➤ MCDF: McLean County Detention Facility | ➤ YMCA: Young Men's Christian Association |

CLIENT/SERVICE INFORMATION

Unduplicated Clients Served: 489

Residence Status:

All services took place within McLean County. Residence data is based upon addresses given to staff by clients/collaterals at the time of service. Thus, individuals designated as out of county residents may have been visiting or have temporary housing (such as students who provide their permanent address rather than their local address) in McLean County at the time of service.

RESIDENCE					
Location	New Clients	Total Clients	Location	New Clients	Total Clients
McLean County	325	389	Peoria County	0	0
Champaign County	1	1	Tazewell County	7	7
Dewitt County	6	7	Woodford County	10	11
Livingston County	9	10	Other Illinois	6	6
Logan County	2	2	Out of State	2	2
Macon County	1	1	Unknown	34	53
Total				403	489

MCLEAN COUNTY DETAILED RESIDENCE								
Location	New	Total	Location	New	Total	Location	New	Total
Anchor	0	0	Colfax	1	2	Leroy	7	7
Arrowsmith	0	0	Cooksville	0	0	Lexington	2	2
Bellflower	0	0	Cropsey	0	0	McLean	2	2
Bloomington	194	238	Danvers	1	1	Merna	0	0
61701	126	163	Downs	5	5	Normal	81	98
61702	1	1	El Paso	8	9	Saybrook	1	1
61704	56	62	Ellsworth	0	0	Shirley	1	1
61705	11	12	Gridley	1	2	Stanford	2	2
Carlock	6	6	Heyworth	7	7	Towanda	0	0
Chenoa	4	4	Hudson	2	2	Other	0	0
Total							325	389

CALL SUMMARY

Total Calls: 901

- The number of times that the crisis team was requested to intervene with an individual. This intervention could be over the phone or face-to face. Clients may have multiple calls during the quarter.

Total Client Services Provided: 1,333

Total Client Service Hours Provided: 1,465

- It is important to distinguish a call from a service. Within a single call, multiple service events may occur. An example could be the crisis assessment, collaboration with a family member, and coordination with other service providers all being provided in a single crisis call.

Average Client Services (in minutes) Provided Per Call: 98 minutes

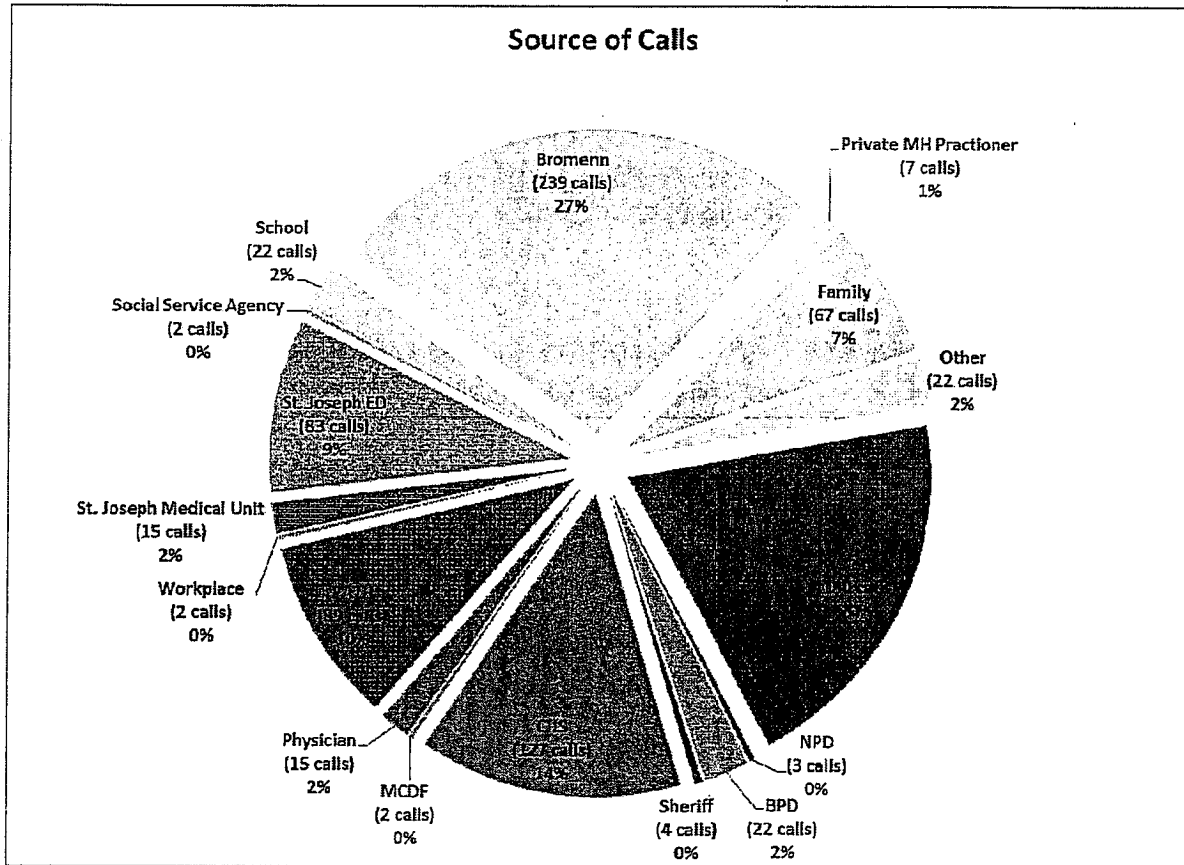
This number represents the total number of client service hours provided divided by the number of calls. This number reflects the time spent in the direct provision of service to/on behalf of an individual.

Average Call Duration: 147 minutes

- Duration was measured from the time of the initial contact to the end of the last service. Prior to October 2014, this measurement varied as periodically, the start time began with the beginning of the first service rather than the first contact.
 - This time period includes not only the client service time mentioned above, but also the time spent on other aspects of delivering crisis intervention. These aspects consist of both systemic and internal factors that contribute to the overall duration of the call.
 - Examples include: Time spent waiting on the client and/or collaterals, staff time spent on another call, time spent waiting on other professionals, time spent gathering information, time spent waiting for medical tests/clearance, travel time, and the time the individual was intoxicated.
- Calls can consist of phone calls, face-to face interventions, and hospitalization placements. Hospitalizations can take several hours to facilitate thus causing the average duration of calls to increase.

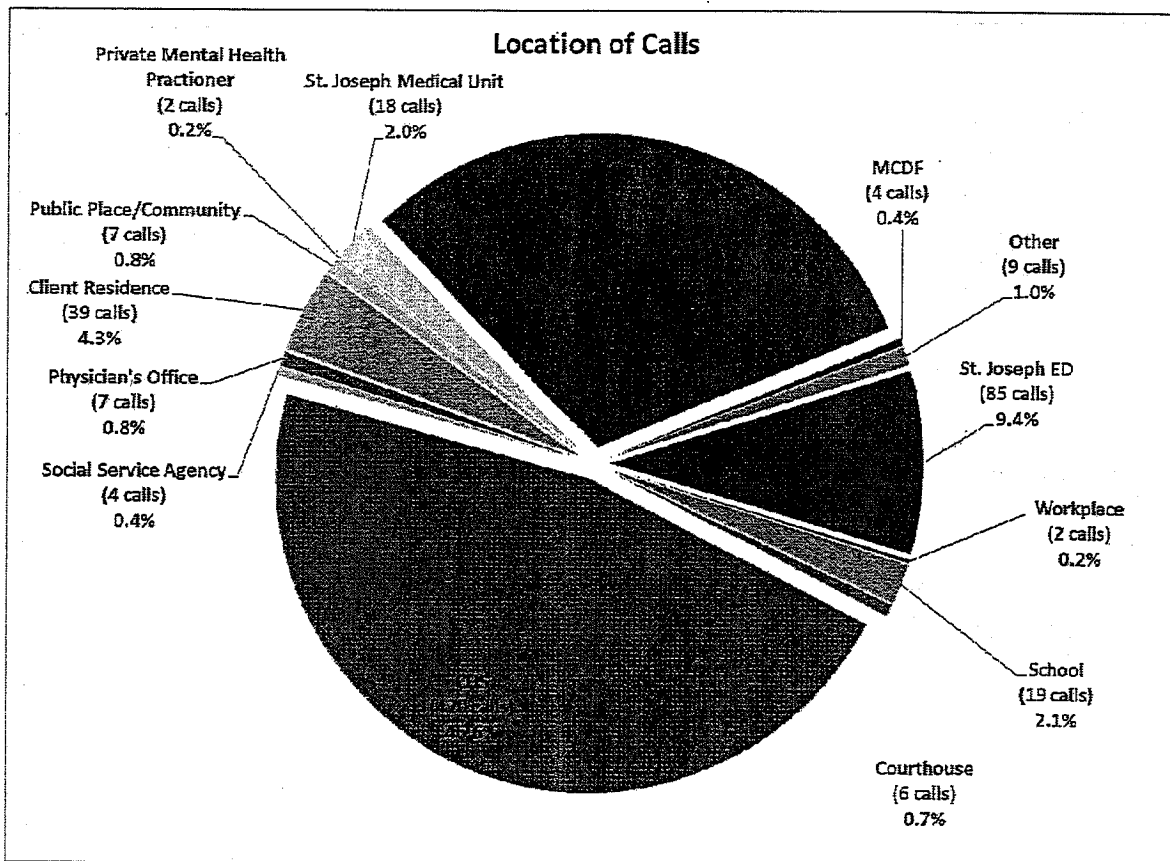
Referral Sources of Calls

- The source of the call is the person or place that initiates the Crisis intervention.
- At times, individuals seen at hospitals present with other medical symptoms, however during screening and triage the hospital staff request crisis services due to the presence of some psychiatric symptoms.
- Referrals from hospitals may be a mix of clients that were sent by other referral sources to the emergency department for assessment.
- 63% were community based with 37% generated at hospitals
- In addition to the 89 calls in which PATH was the source, there were an additional 92 calls originating from sources denoted below that PATH routed to the crisis team.



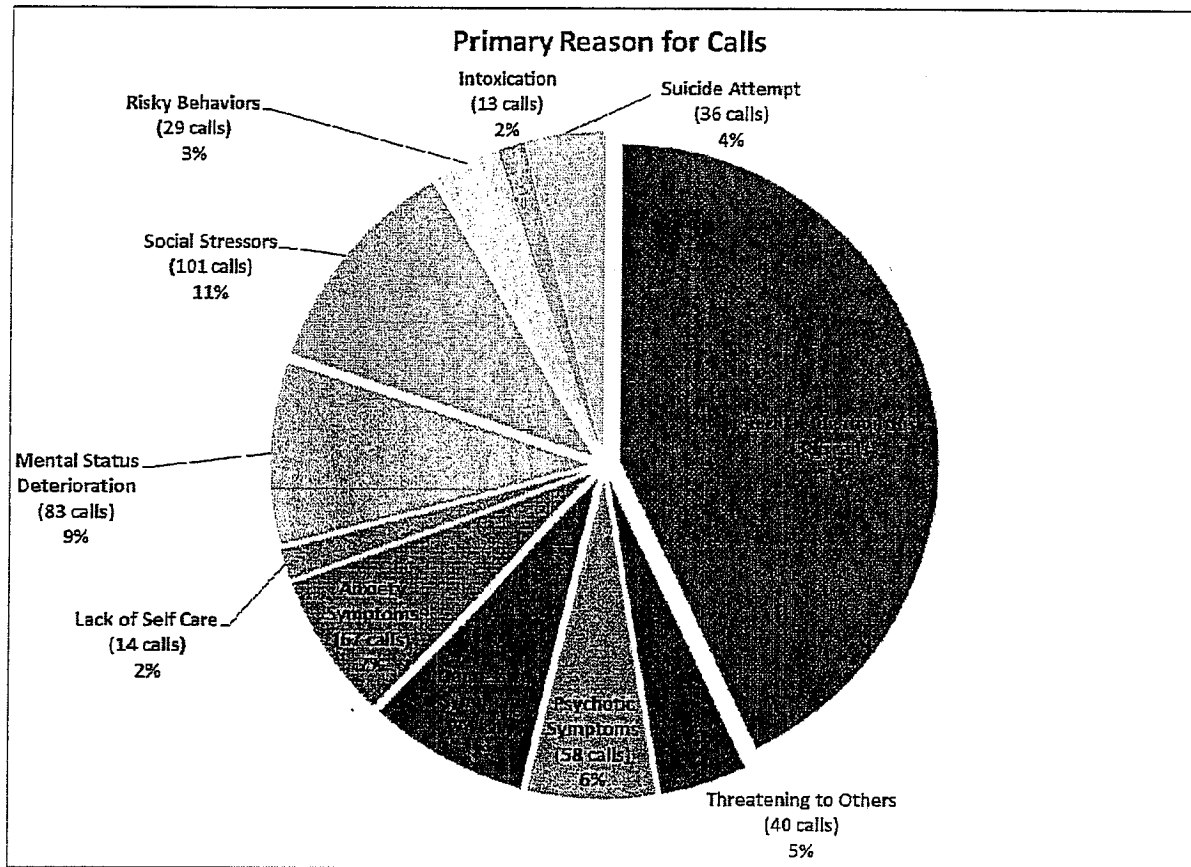
Locations of Calls

- Location of calls indicates where services are given to clients. As certain calls include services at multiple locations, the above graph denotes the location where the clinical intervention began.
 - This includes phone calls which primarily occur at McLean County Center for Human Services. This contributes to higher number of calls at this location.
- The public is encouraged to contact the McLean County Center for Human services to seek out crisis services directly either in person or over the phone.



Reasons for Calls

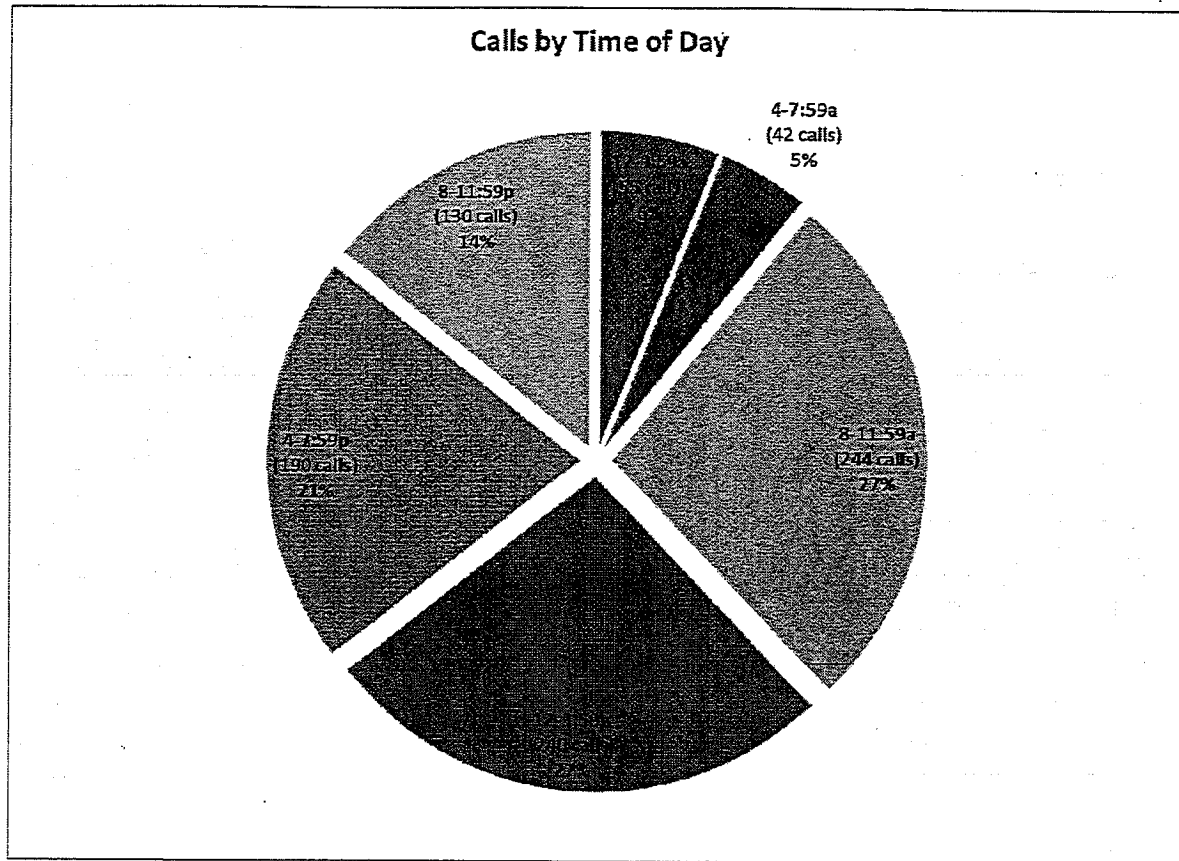
- The reason for the call is the most pressing symptom during the current crisis contact.
- 43% of calls were in response to suicidal ideation or risk of suicide.
 - This includes calls handled by the crisis team due to the severity or complexity of mental health symptoms. This includes:
 - Calls transferred from PATH to the crisis team
 - Calls made directly to the crisis team



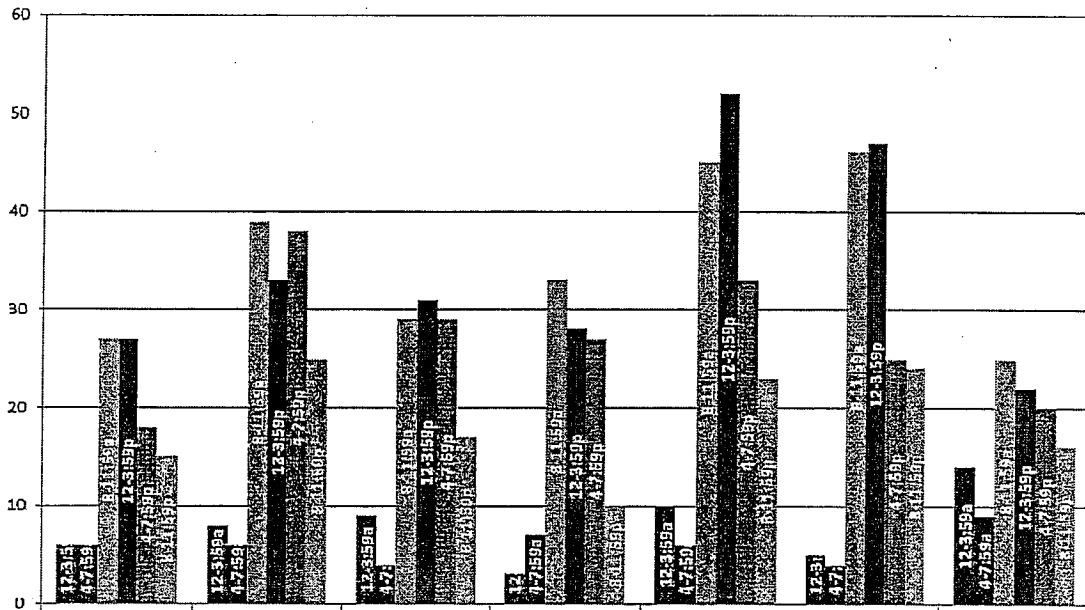
Times of Calls

The following charts represents the time periods when calls occurred.

- Times listed denote the time the call started (time of first contact), not when the intervention started

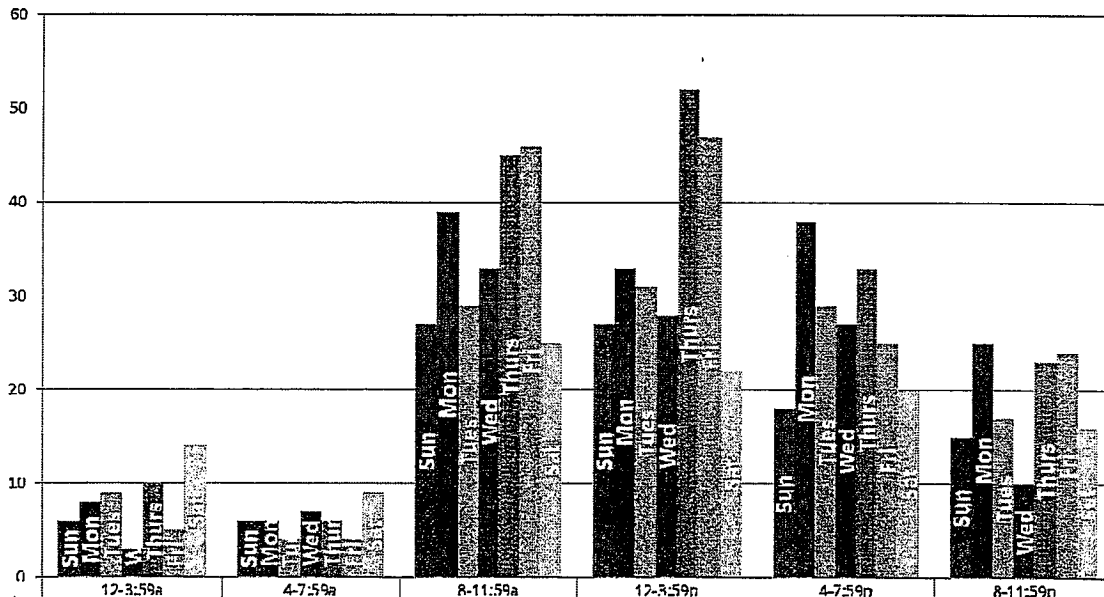


Calls by Time of Day & Day of the Week



	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
■ 12-3:59a	6	8	9	3	10	5	14
■ 4-7:59a	6	6	4	7	6	4	9
■ 8-11:59a	27	39	29	33	45	46	25
■ 12-3:59p	27	33	31	28	52	47	22
■ 4-7:59p	18	38	29	27	33	25	20
■ 8-11:59p	15	25	17	10	23	24	16

Calls by Time of Day & Day of the Week - Alternate



	12-3:59a	4-7:59a	8-11:59a	12-3:59p	4-7:59p	8-11:59p
■ Sun	6	6	27	27	18	15
■ Mon	8	6	39	33	38	25
■ Tues	9	4	29	31	29	17
■ Wed	3	7	33	28	27	10
■ Thurs	10	6	45	52	33	23
■ Fri	5	4	46	47	25	24
■ Sat	14	9	25	22	20	16

RESPONSE TIME OVERVIEW

CHS Average Response Time (Average Time from Initial Call Seeking Assessment to Preliminary Response from Crisis):

- **5 Seconds**

Percentage of Response Times (Preliminary Responses) within 15 Minutes:

- **The Crisis Team responded to 100% of initial crisis requests within 15 minutes.**

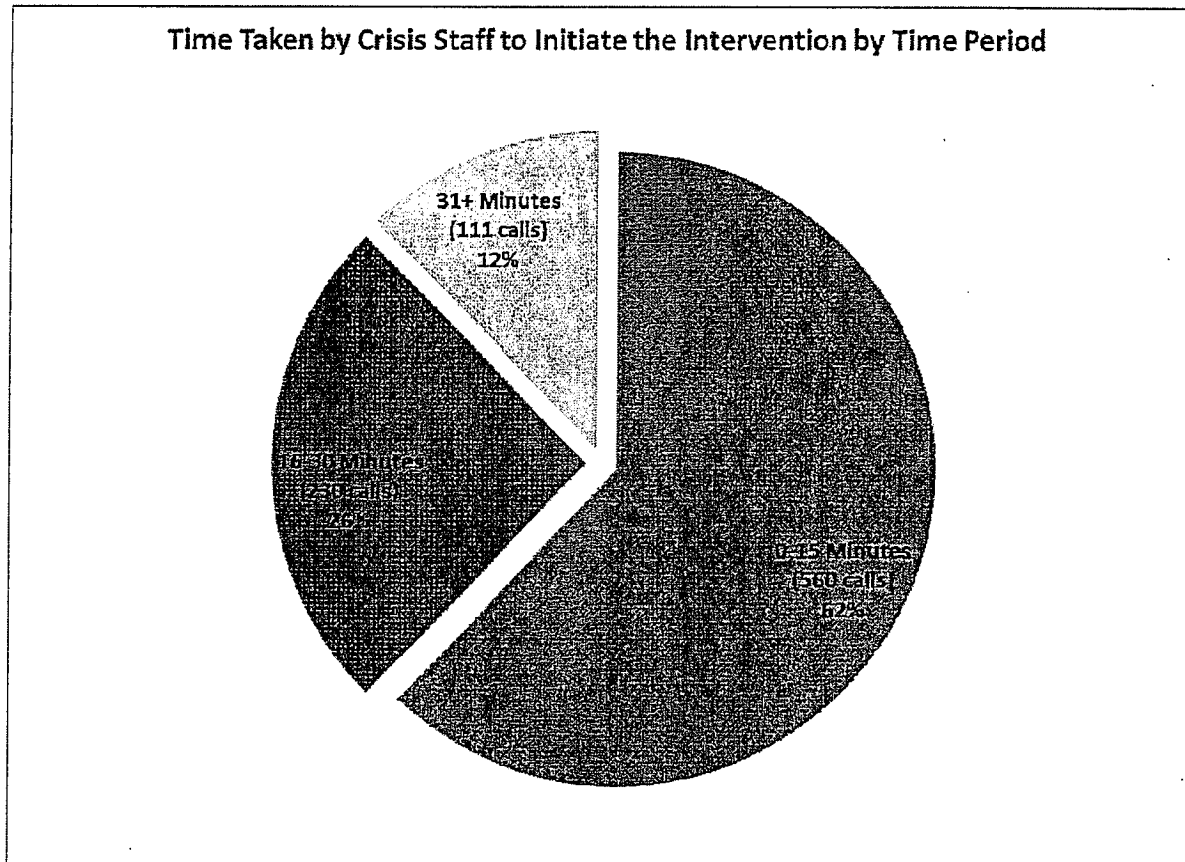
Response times refer to how quickly crisis team members respond to the request for intervention, not the start of the intervention. Response time represents the time between when someone initiates a crisis contact and the crisis worker responds to that person whether that is face-to-face or over the phone.

- The crisis worker is gathering information and planning for the crisis intervention at this time either face to face or over the phone.
- The benefit of this is that the person initiating or referring a crisis contact speaks directly with a crisis staff member to develop a plan of action.
- At times, crisis workers may be completing a crisis assessment and have to find the appropriate time to excuse themselves from that assessment in order to respond to the call. This is done as quickly as possible.

Average Time Taken by Crisis Staff to Initiate the Intervention:

- 17 Minutes

The graph below represents time taken by crisis staff to initiate the intervention by time period:



Intervention start times refer to the time period from the initial crisis request to the start of the clinical intervention with the individual. Delays in intervention start times in this category include events related to CHS staff including: travel time, time spent on another call, time gathering information, etc. Delays in intervention start times caused by factors such as client intoxication and/or staff waiting on medical clearance, other professionals, family members, etc. are excluded from this calculation.

- Due to the unpredictable nature of crisis, there are periods of high demand during which multiple clients initiate crisis contact in the same time period. This can cause increased response times.
- Our team makes every effort to respond as quickly as possible to community calls outside of the hospitals due to hospitals being considered a secure monitored setting.

Average Time Taken By Other Factors Prior to the Initiation of the Intervention

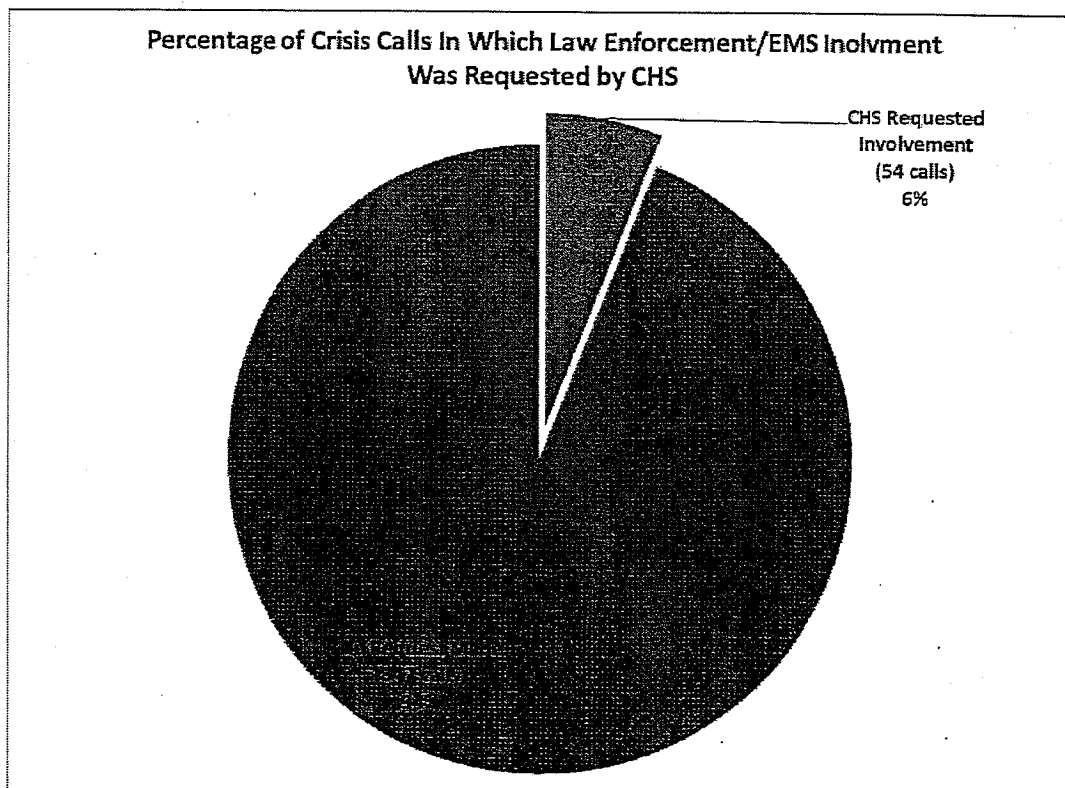
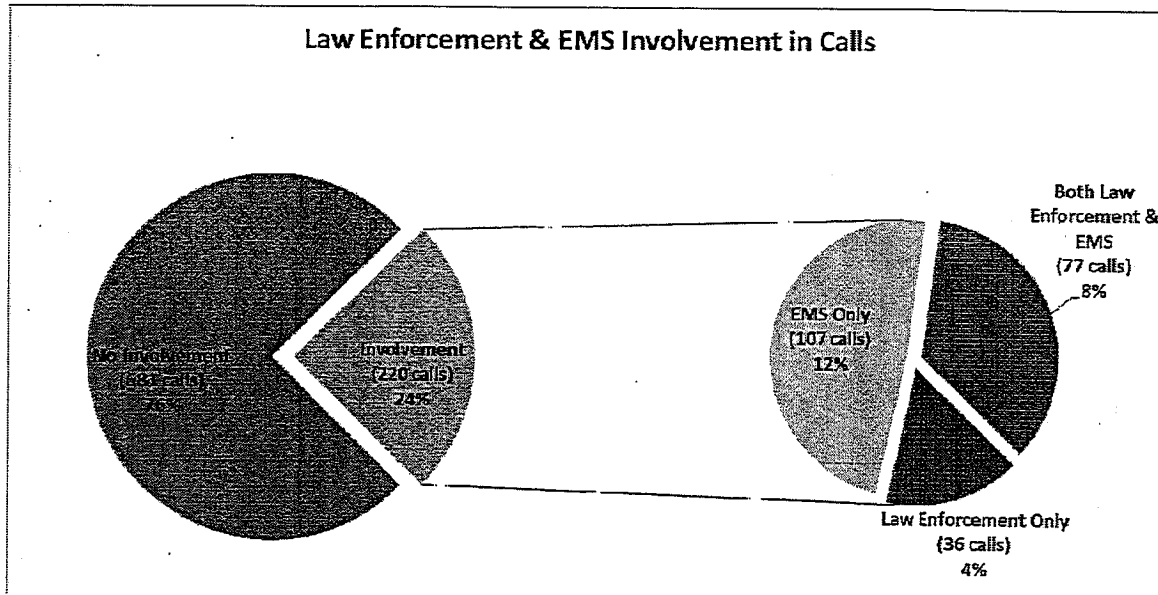
- 11 minutes

Intervention start times may also be delayed by such other factors as: time spent waiting on client/collaterals, waiting on other professionals, waiting on medical tests/clearance, time client spent intoxicated, etc. In such circumstances, crisis staff may be ready and present to start the invention, but it cannot be started due to these items. Such factors are included in this category. Delays in intervention start times caused by events related to CHS staff (travel, time spent on another call, etc.) are excluded from this calculation.

CALLS INVOLVING LAW ENFORCEMENT AND/OR EMERGENCY MEDICAL SERVICES (EMS)

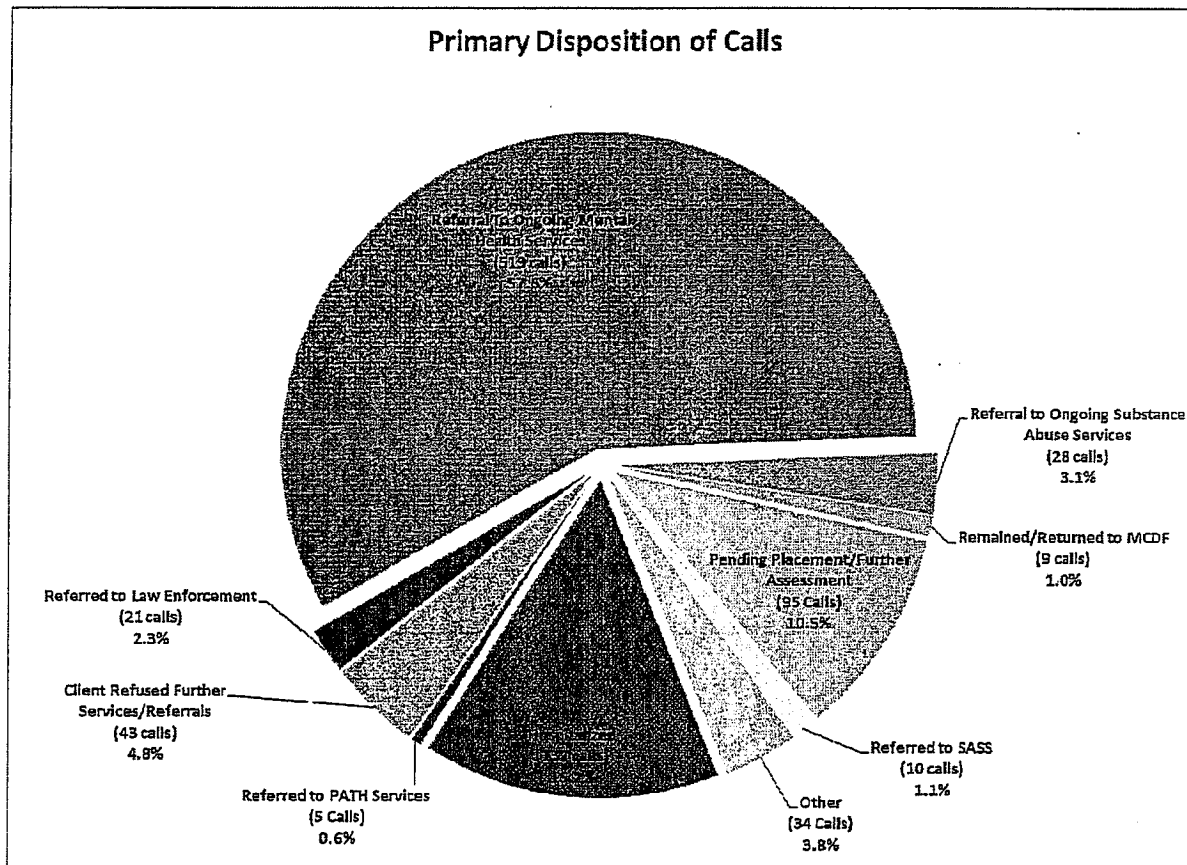
At times, law enforcement and EMS are involved with crisis interventions when there is risk involving a possibly unstable individual (homicidal intent, psychosis, history of violence, etc.). The crisis team may request law enforcement assistance if the safety of the client or others is in imminent or likely danger. Alternatively, the crisis team may be called to situations by law enforcement or to situations in which law enforcement/EMS is already present.

The following charts represent law enforcement/EMS involvement with calls. The first chart represents the percentage of calls in which these entities were involved. The second represents the percentage of calls in which the crisis team requested involvement. As indicated, CHS requested law enforcement/EMS assistance on 6% of all calls.



DISPOSITION OF CALLS

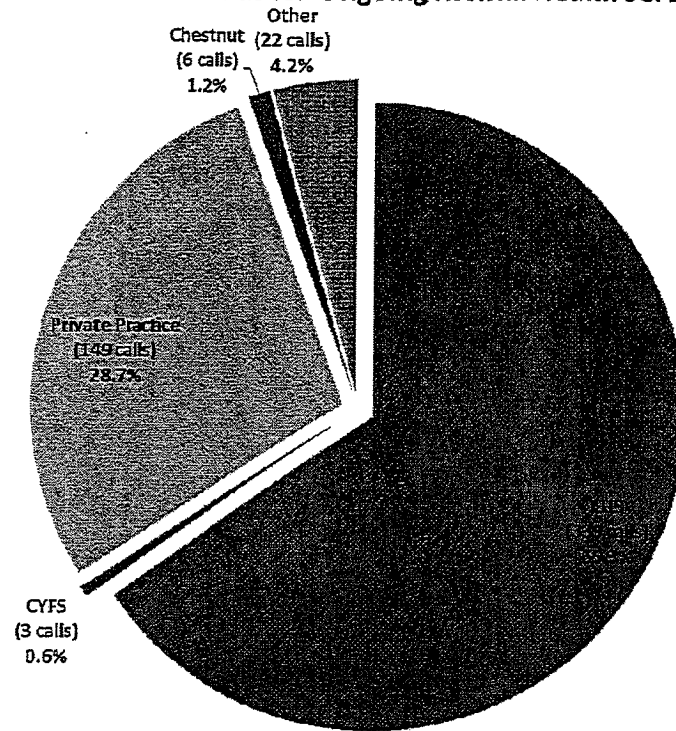
A primary disposition is the “next step” in the intervention. At times, this could be further evaluation. It can also represent a recommended course of treatment, which can include referrals to other community resources or providers as appropriate.



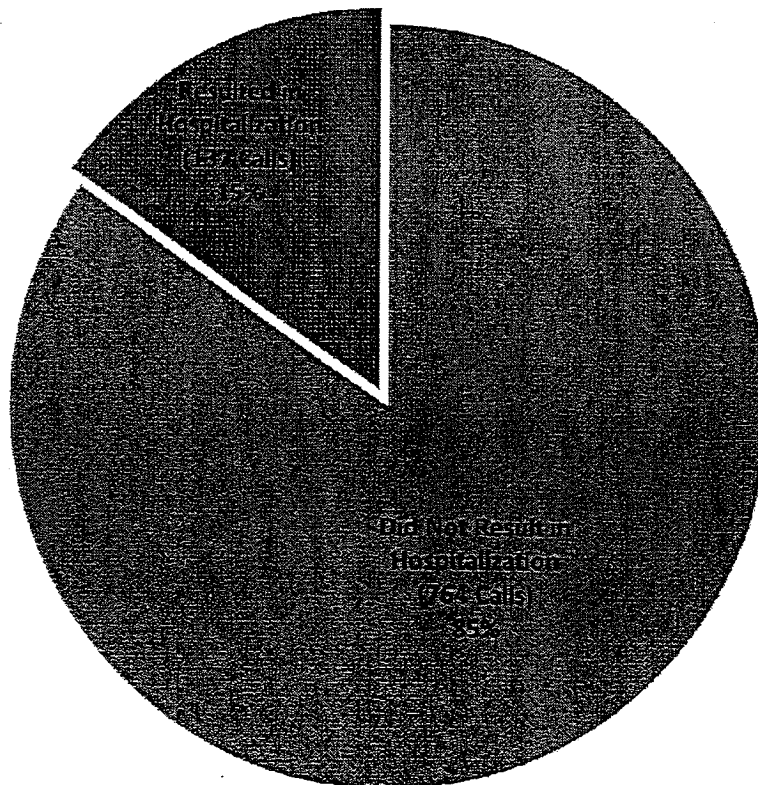
NOTE: In addition to the primary disposition, 17 calls had ongoing mental health services as a secondary referral, whereas 12 calls had ongoing substance abuse services as a secondary referral.

- 57.6% of calls resulted in a referral for ongoing mental health services
- Referrals to services are based on information the client provides to staff. This can include what type of insurance they may have or funding source.
- As crisis staff cannot determine which services will be provided when requesting services via 911, requests through 911 are included in referrals to law enforcement.
- Pending placement/further assessment refers to instances in a psychiatric bed is not available or an individual may need further medical assessment/clearance. At times during such instances, a call will end. The individual may be discharged by medical or other clinical personnel prior to reassessment by CHS crisis staff
- The other category generally represents providers in primary care physician offices or out of county referrals.
- PATH's phone line and suicide prevention line are not listed in the above chart but are generally given as a resource to all clients to call when appropriate. PATH services that are included in the chart refer to other PATH services (e.g. emergency housing, transportation vouchers, elderly services, etc.).
- As a large number of dispositions resulted in referral to ongoing mental health services or hospitalizations, the following charts illustrate further detail regarding these categories.

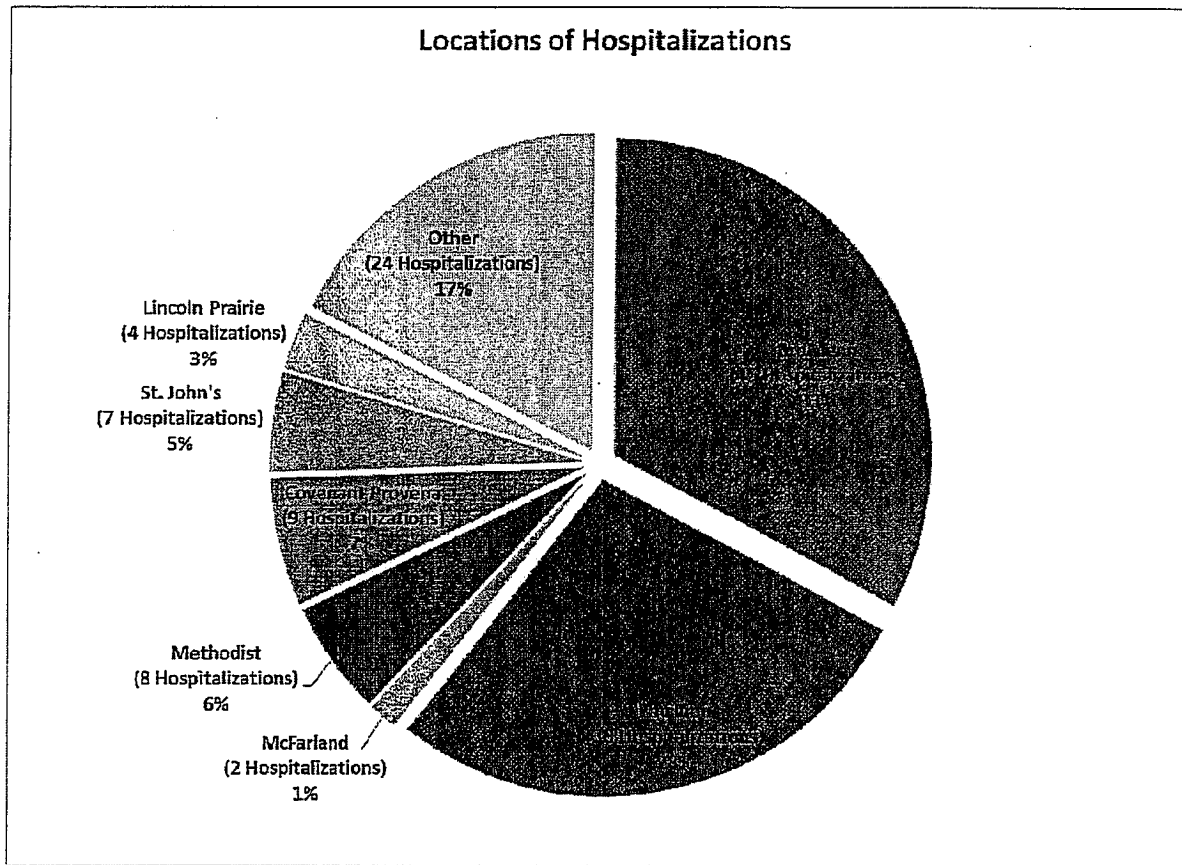
Locations of Referrals for Ongoing Mental Health Services



Percentage of Calls Leading to Hospitalization



For calls in which inpatient hospitalization was recommended, the following chart indicates which hospitals were utilized for placement.



PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following:

- 1.) 99.9% of all individuals assessed by the Crisis Team will remain safe and alive for the 24 hour period following the intervention.
 - **3rd Quarter Result:** 100% of assessed individuals were safe and alive within the given time period.
- 2.) The Crisis Team will respond to 90% of all calls seeking assessment within 15 minutes of the initial contact.
 - **3rd Quarter Result:** 100% of calls received a preliminary response (how quickly the crisis team responded to the request for intervention) within 15 minutes
- 3.) 75% of crisis intervention services provided by CHS staff will not result in psychiatric hospitalizations for the individual served.
 - **3rd Quarter Result:** 90% of all services (85% of calls) did not result in hospitalization for the individual served.

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to crisis services is the lack of available psychiatric hospital beds. This lack of availability significantly increases a client's wait for placement.

Another significant need is increased availability of resources for basic needs (e.g. housing, utilities, transportation, etc.). Difficulty meeting these needs can increase stress levels in individuals and having increased resources can assist in alleviating their crisis.

PROBLEMS ENCOUNTERED AND HOW THEY WERE HANDLED/PROGRAM UPDATES/ADDITIONAL INFORMATION

- Crisis Team Staffing Patterns/Processes
 - Lack of Access to Inpatient Psychiatric Facilities (During a time when the number of individuals needing inpatient care is increasing.)
 - Clinical staff attempt to place individuals in other hospitals throughout the state when local facilities are not available.
 - Clinical Staff are reassessing and offering support that might allow for any change that would defer a client from hospitalization to a less restrictive program
 - Coordination with Medical Facilities
 - MCCHS reached out to medical facilities to clarify procedures for working with clients in the emergency departments
 - MCCHS partnered with the Mental Health Unit at Advocate BroMenn to continue coordinating standard documentation methods for crisis interventions
 - MCCHS analyzed data trends and discussed these with appropriate hospitals in an effort to streamline procedures and increase efficiency in community service provision.
 - Previous Community Concerns Regarding the Amount of Crisis Staff
 - MCCHS now has 3-4 staff available for mobile calls during periods of high service demand. During times of peak demand, there are up to 5 staff available.
 - MCCHS approached other agencies/entities (e.g. law enforcement/emergency departments) to develop a more direct means of communication and collaboration with the crisis team
- Collaboration with Community Partners
 - MCCHS has continued to collaborate with several community stakeholders (including the McLean County Health Department, the McLean County Board, PATH, Chestnut Health Systems, OSF Saint Joseph, and Advocate BroMenn) to discuss community needs regarding crisis intervention services
 - MCCHS has participated in numerous discussions with several of the above entities regarding the upcoming opening of the Crisis Stabilization Unit (CSU), particularly the integration of this unit into the existing structure for service provision. MCCHS also assisted in providing training to CSU staff regarding crisis assessment and services.
 - MCCHS has presented information regarding crisis services at the roll call meetings of the Bloomington, Normal, and McLean County Sheriff's Departments. This presentation included an emphasis of the crisis team's availability and willingness to meet officers onsite in the community when they are interacting with someone they believe to be experiencing a mental health crisis.
 - MCCHS continues its collaborative efforts with the McLean County Health Department and other entities to implement Mental Health First Aid in the community. This is a nationally known program designed to increase education and awareness about mental health issues, including crisis recognition and intervention.

FY 2015 QUARTERLY AGENCY SERVICE SUMMARY
Agency: McLean County Center for Human Services

Quarter: 3

[illegible]

*Number includes total number of clients served in program, including new clients listed in the previous column.

Client service hours are based upon time spent with or on behalf of clients. Each individual service that meets this definition is counted as an event/visit.

^aDue to the nature of certain crisis calls, date of birth is not always obtained. For this quarter, age data is unavailable on 9 individuals.

5 | Definition of "New" Client:

Definition of "New" Client: *Psychiatric:* An individual who has been opened to the program during the specified time period.

Crisis: An individual who has not received any crisis services in the 90 days prior to the crisis service(s) received during the specified time period.

Note for Psychiatric Services: Unless otherwise noted, data contained in this report and the attached narrative refers only to clients who did not have Medicaid at some point during the quarter.

Referral Source for New Admissions:

See Attached Narrative

Primary problem area(s) of clients served:

See Attached Narrative

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 – THIRD QUARTER (JANUARY 1 – MARCH 31, 2015)
NARRATIVE ATTACHMENT
PSYCHIATRIC PROGRAM**

PRIMARY PROBLEM AREA(S) OF CLIENTS SERVED

- Clients served have one or more diagnosed mental disorders. Some of the more common diagnoses include:
 - Schizophrenia
 - Schizoaffective Disorder & other related psychotic disorders
 - Bipolar Disorder
 - Major Depressive Disorder
 - Attention Deficit Hyperactivity Disorder
 - Intermittent Explosive Disorder
 - Obsessive Compulsive Disorder
- The severity and persistence of the mental illness results in significant impairment related to interpersonal relationships, employment, income, and quality of life for an inestimable length of time.

SUMMARY OF PROGRAM ACTIVITIES

Services include:

- Psychiatric evaluation
- Medication management (minimum 4 times per year)
- Medication monitoring (nurses consult for reactions to medications as well as efficacy of treatment)
- Medication training (when new medications are prescribed)
- Applications for pharmaceutical assistance programs
- Obtaining medication samples for new clients when needed
- Referrals to additional services – internal and external to assist in maintaining stabilization.
- Refills for patients
- Nurse consultants with clients who have a medication concern.
- Medication administration: daily, weekly and biweekly for those individuals who are very ill, or who are non-compliant.

The program also provided rapid follow-up care for persons discharged from the McLean County Detention Facility (MCDF).

- Through the collaborative efforts of all entities involved, the following results were obtained for the one referral MCCHS received from MCDF during the quarter
 - For initial screening/intake appointments:
 - Individual was given and attended an appointment on day after release.
 - A subsequent appointment was scheduled for one week later, but the individual failed this appointment. The individual did not respond to further attempts by MCCHS staff to contact her, thus no prescriber appointment was scheduled.

McLean County Center for Human Services
108 West Market Street • Bloomington, IL 61701

RESIDENCE					
Location	New Clients	Total Clients	Location	New Clients	Total Clients
McLean County	63	187	Peoria County	0	0
Champaign County	0	0	Tazewell County	0	0
Dewitt County	0	0	Woodford County	0	0
Livingston County	0	0	Other Illinois	0	0
Logan County	0	0	Out of State	0	0
Macon County	0	0	Unknown	0	0
Total:			63 187		

MCLEAN COUNTY DETAILED RESIDENCE								
Location	New	Total		New	Total		New	Total
Anchor	0	0	Colfax	1	2	Leroy	1	2
Arrowsmith	0	0	Cooksville	0	0	Lexington	0	3
Bellflower	0	0	Cropsey	0	0	McLean	0	0
Bloomington	43	121	Danvers	0	2	Merna	0	0
61701	33	92	Downs	0	0	Normal	15	49
61702	1	1	El Paso	0	0	Saybrook	0	0
61704	6	19	Ellsworth	0	0	Shirley	0	1
61705	3	9	Gridley	1	1	Stanford	0	1
Carlock	0	0	Heyworth	0	2	Towanda	2	2
Chenoa	0	0	Hudson	0	0	Other	0	1
Total:						63 187		

REFERRAL SOURCE FOR NEW ADMISSIONS						
Source	#	Source	#	Source	#	
Self	21	Hospitals	9	Schools	0	
Family	3	BroMenn	7	District 87	0	
Friend/Significant Other	3	St. Joseph	0	Unit 5	0	
Physician	12	Other Private	0	El Paso/Gridley	0	
Employer/Business	0	McFarland	1	Heyworth	0	
Religious Group/Organization	0	Other SOF	1	Leroy	0	
Social Services	11	Veterans' Administration	0	Lexington	0	
CHS Crisis Team	3	Law Enforcement/Corrections	4	Olympia	0	
CHS Other	6	Bloomington PD	0	Prairie Central	0	
PATH	1	Normal PD	0	Ridgeview	0	
SASS	0	Sheriff's Department	0	Tri-Valley	0	
Baby Fold	1	MCDF	1	Colleges/Universities	0	
Chestnut	0	Adult Court Services	3	ISU	0	
Marcfirst	0	Juvenile Court Services	0	IWU	0	
Bloomington Township	0	IL Department of Corrections	0	Heartland	0	
Health Department	0			Other	0	
Other Social Service	0			Other	0	
Total:		63				

PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following (**Note:** Measurement of program objectives includes data from all clients in the Psychiatric Services program, regardless of payor source):

- 1.) The program will secure at least \$400,000 in free medication (via pharmaceutical assistance programs) for individuals without income or without the means to secure the prescribed medication.
 - **3rd Quarter Result:** The agency has secured \$138,431 in free medication this quarter (\$487,678 YTD).
- 2.) 85% of individuals receiving psychiatric services for at least six continuous months will not require psychiatric hospitalization.
 - **3rd Quarter Result:** 98.5% of individuals meeting this criterion have not required hospitalization during the quarter.
- 3.) 75% of individuals seen in the program for at least six contiguous months will maintain or increase their level of functional ability.
 - **3rd Quarter Result:** 95.5% of clients have improved or maintained their functional ability during the quarter

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to psychiatric services is psychiatric prescriber availability. Lack of psychiatric prescribers is a growing concern not only McLean County, but for the nation as well. This need applies to individuals of all income levels, not just the population traditionally served by MCCHS.

PROBLEMS ENCOUNTERED AND HOW THEY WERE HANDLED/PROGRAM UPDATES/ADDITIONAL INFORMATION

- High community demand for psychiatric services
 - Diane Walker, Advanced Practice Nurse (APN), left the agency in February, 2015.
 - MCCHS has recruited Theresa Kauth, APN, to fill the open position. She will start her employment on April 27, 2015.
- Continued need for expedited access to new evaluation appointments for individuals with urgent need for psychiatric services
 - After Diane Walker's departure, MCCHS reallocated time from Dr. Abelita's private practice schedule and from Melinda Roth's administrative schedule in order to maintain prescriber availability for Mrs. Walker's former clients. Additionally, these actions enabled the continuation of expedited evaluations for new clients to the program.
- Increased need for psychiatric nursing services
 - One of our full-time nurses left the agency to return to her hometown of Chicago.
 - The agency has hired two new full-time registered nurses (Trisha Filliman and Whitney Aaron). The nursing team is now fully staffed.
 - The agency continues to work with Mennonite College of Nursing at Illinois State University to provide a clinical site for their Psychiatric Mental Health Nursing students. We have also had students from their Family Nurse Practitioner program spend time shadowing our APNs.
- Community Collaboration
 - The agency has contacted Trina Scott with Immanuel Health Center and Angie McLaughlin at Community Health Care Clinic to discuss expanding relationships among our agencies. The goals of these discussions are to enhance the continuity of care and the integration of primary care and psychiatric care for our patients.
 - The agency has also contacted Chestnut Health Systems to inform them of our ability to accept individuals discharged from their Crisis Stabilization Unit.

LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR **THIRD QUARTER** of FY 2015.

Hotline Program (Crisis/2-1-1/Mental Health)

1. Callers receive the appropriate level of intervention for suicide/crisis calls.
 - a. Annual Goal: 90% of suicide calls will positively correlate the level of lethality recorded with the call resolution.

2Q FY2015	1 Q	2Q	3Q	4Q
# of Suicide Calls Reviewed	242	225		
# of Suicide Calls Accurately Assessed	235 (97%)	207 (86%)		
Lives lost	0	0		

Number of suicide calls reviewed: 225

Number of calls accurately assessed for lethality: 207 (86%)

No lives lost.

DATA SOURCE: Calls recorded in the Refer Software by hotline operators and suicide call reviews by staff.

2. Callers receive accurate and timely interventions and appropriate referrals to mental health services.
 - a. Goal: On-line volunteers will pass semi-annual testing with 90% or better *Actual: No biannual testing this quarter*
 - b. Goal: Semi-annual on-line monitoring of volunteers will yield scores of 90% or better
 - c. Goal: Call record reviews will reflect an accuracy level of at least 90% *Actual: 93%*
 - d. Goal: 90% of hotline volunteers complete 6 hours annually of continuing education. *Actual: 105 hours required, 91 performed.*
 - e. Goal: Abandoned call rates below 9% *Actual: 10%*
 - f. Goal: Average wait time for caller less than 40 seconds *Actual: 22 Seconds*
 - g. Goal: 80 percent of calls answered within 40 seconds *Actual: 100%*

DATA SOURCE: Supervision records, Relias learning module reports show individual performance and aggregate numbers, the Taske software and automated call distributor provides telemetric data.

3. Crisis response will be provided 24/7 with linkages to crisis services.
 - a. Goal: 1500 linkages to appropriate crisis services *Actual: 1,382*
 - b. Goal: 400 patches to ECI for professional intervention in appropriate situations *Actual: 67*

DATA SOURCE: Refer and Taske software programs

IV. Proposed Service Profile -- Hotline Program

AGENCY: PATH	FY2015		
PROGRAM: Crisis Line	1Q	2Q	3Q
Projected Individuals:			
GENDER:			
Male	1,368	1,357	1,512
Female	2,040	1,924	2,072
Unknown	6	4	13
Not recorded because no referral made (software issue)	2,428	1,812	1,998
Total Individuals Served:	5,842 Calls	5,097	5,600
AGE GROUP:			
Infants (0-3)	0	0	0
Youth (4-13)	7	4	6
Teens (14-18)	36	19	33
Adults (19-59)	4,421	2,750	4,513
Seniors (60 & up)	677	385	660
RESIDENCE			
Bloomington	4,881	4,288	4,816
Normal	774	640	598
Other	194 (McLean County)	170 (McLean County)	186 (McLean County)
*SERVICE HOURS PROJECTED:			
PHONE CALLS (9,500 Annual)	5,842	5,097	5,600
STAFF HOURS	40/week	40/week	40/week
HD/377 FUNDING \$38,028	1Q FY15 \$8,049.34	2Q \$7,922.66	3Q \$11,028.00
FUNDING FROM OTHER SOURCES	\$68,234.25	\$69,744.01	\$91,065.47

*Client Hours: Total number of client hours projected to be provided in FY'15.

*Staff Hours: Total number of funded staff hours in FY'15.

Mental Health Related Calls
Search Option - County and Referred Services and Reason for Contact
1/1/2015 to 3/31/2015

Total Calls in Date Range: 13075

5600 (42.83%) McLean

476	(8.5%)	Agency We Answer For
266	(4.75%)	Homeless
149	(2.661%)	Adult Protective Services (AKA Elder Abuse)
149	(2.661%)	Suicide
73	(1.304%)	Homeless Shelter
45	(0.804%)	Crisis Intervention
35	(0.625%)	Sexual Assault
20	(0.357%)	Substance Abuse
18	(0.321%)	Adult Protective Intervention/Investigation
16	(0.286%)	Child Abuse Reporting/Emergency Response
14	(0.25%)	Counseling Referrals
11	(0.196%)	Homeless Motel Vouchers
10	(0.179%)	Domestic Violence Shelters
9	(0.161%)	Community Mental Health Agencies
9	(0.161%)	Homeless Drop In Centers
8	(0.143%)	Cold Weather Shelters/Warming Centers
8	(0.143%)	Domestic Violence
7	(0.125%)	Crisis Nurseries/Child Care
7	(0.125%)	Suicide Prevention Hotlines
6	(0.107%)	Sexual Assault Hotlines
6	(0.107%)	Suicide Counseling
5	(0.089%)	Domestic Violence Hotlines
3	(0.054%)	911 Services
3	(0.054%)	Addiction (other than alcohol & drugs)
3	(0.054%)	Adolescent/Youth Counseling
3	(0.054%)	Anger Management
3	(0.054%)	Child Abuse/Protection Services
3	(0.054%)	Child Care Centers
3	(0.054%)	Disaster Relief Services
3	(0.054%)	Runaway/Homeless Youth Counseling
3	(0.054%)	Urgent Care Centers
2	(0.036%)	Abuse Counseling
2	(0.036%)	Protective/Restraining Orders
2	(0.036%)	Runaway/Youth Shelters
2	(0.036%)	Sexual Assault Counseling

1382 TOTAL Referred Services and Reason for Contact

5600 TOTAL Search Option - County

PATH, Inc.
Statistical Report
Search Option - County and Referred, Unmet, Reason for Contact, OOD,
Site Reasons (All requests)
1/1/2015 to 3/31/2015

Total Calls in Date Range: 13075

5600	(42.83%) McLean	
	3	(0.054%) 911 Services
	2	(0.036%) Abuse Counseling
	2	(0.036%) Activities of Daily Living Assessment
	3	(0.054%) Addiction (other than alcohol & drugs)
	415	(7.411%) Administration
	4	(0.071%) Adolescent/Youth Counseling
	1	(0.018%) Adoption Services
	1	(0.018%) Adult Day Programs
	3	(0.054%) Adult Day Services
	2	(0.036%) Adult Probation
	18	(0.321%) Adult Protective Intervention/Investigation
	149	(2.661%) Adult Protective Services (AKA Elder Abuse)
	1	(0.018%) Adult Residential Treatment Facilities
	7	(0.125%) Advocacy
	7	(0.125%) Affordable Care Act Information/Counseling
	1	(0.018%) Affordable housing
	1	(0.018%) Agency does not exist.
	476	(8.5%) Agency We Answer For
	1	(0.018%) Alternative Education
	3	(0.054%) Anger Management
	6	(0.107%) Animal Control
	1	(0.018%) Animal Shelters
	2	(0.036%) Area Agencies on Aging
	1	(0.018%) Assisted Living Facilities
	1	(0.018%) Assistive Technology Equipment
	2	(0.036%) Autism Therapy
	16	(0.286%) Automotive Repair
	1	(0.018%) Bathroom Modification Services
	3	(0.054%) Bed Bug Control
	1	(0.018%) Bereavement Counseling
	4	(0.071%) Better Business Bureaus
	3	(0.054%) Birth Certificates
	6	(0.107%) Building Code Enforcement/Appeals
	1	(0.018%) Burial Services
	1	(0.018%) carbon monoxide detector
	1	(0.018%) Car-Gas Money
	1	(0.018%) Car-Impounded
	1	(0.018%) carpool
	15	(0.268%) Case/Care Management
	1	(0.018%) Cell Phone Donation Programs
	1	(0.018%) Cell Phones
	7	(0.125%) Centers for Independent Living
	1	(0.018%) Child Abuse Counseling
	16	(0.286%) Child Abuse Reporting/Emergency Response
	3	(0.054%) Child Abuse/Protection Services
	4	(0.071%) Child Care

3	(0.054%)	Child Care Centers
4	(0.071%)	Child Care Expense Assistance
5	(0.089%)	Child Care Provider Referrals
1	(0.018%)	Child Care-Financial Assistance
1	(0.018%)	Child Custody/Visitation Assistance
6	(0.107%)	Child Passenger Safety Seats
3	(0.054%)	Child Support Assistance/Enforcement
1	(0.018%)	Cholesterol/Triglycerides Tests
1	(0.018%)	CHS cut clients (non-insured mental health)
2	(0.036%)	City Departments/Offices
14	(0.25%)	Clothing
8	(0.143%)	Cold Weather Shelters/Warming Centers
1	(0.018%)	Communicable Disease Control
10	(0.179%)	Community Clinics
1	(0.018%)	Community Meals
9	(0.161%)	Community Mental Health Agencies
2	(0.036%)	Community Service Work Programs
5	(0.089%)	Comprehensive Information and Referral
23	(0.411%)	Comprehensive Job Assistance Centers
1	(0.018%)	Congregate Meals/Nutrition Sites
1	(0.018%)	Co-Parenting Workshops
2	(0.036%)	Coroner Services
14	(0.25%)	Counseling Referrals
1	(0.018%)	County Departments/Offices
1	(0.018%)	Court Ordered DUI Evaluations
1	(0.018%)	Credit Counseling
45	(0.804%)	Crisis Intervention
1	(0.018%)	Crisis Intervention Hotlines/HelpLines
7	(0.125%)	Crisis Nurseries/Child Care
1	(0.018%)	Death Certificates
7	(0.125%)	Death/Dying
16	(0.286%)	Dental Care
2	(0.036%)	Detoxification
5	(0.089%)	Diapers
7	(0.125%)	Directory Assistance
1	(0.018%)	Directory/Resource List Publication
7	(0.125%)	Disability Related Transportation
3	(0.054%)	Disaster Relief Services
7	(0.125%)	Discount Programs
1	(0.018%)	Discrimination Assistance
1	(0.018%)	Disease/Disability Issues
1	(0.018%)	dog transport to vet
8	(0.143%)	Domestic Violence
5	(0.089%)	Domestic Violence Hotlines
1	(0.018%)	Domestic Violence Intervention Programs
10	(0.179%)	Domestic Violence Shelters
4	(0.071%)	Donation Pickups
8	(0.143%)	Donations
1	(0.018%)	Driver Licenses
1	(0.018%)	Early Intervention for Children with Disabilities/Delays
1	(0.018%)	Eating Disorders Treatment
1	(0.018%)	Education Related Fee Payment Assistance
2	(0.036%)	Elder/Dependent Adult Abuse Reporting
1	(0.018%)	Emergency Alert
1	(0.018%)	Employee Assistance Programs
6	(0.107%)	Employment

1	(0.018%)	Errand Running/Shopping Assistance
1	(0.018%)	Ex-Offender Halfway Houses
2	(0.036%)	Ex-Offender Reentry Programs
1	(0.018%)	Extermination Payment
2	(0.036%)	Eye Care
1	(0.018%)	Eye Examinations
5	(0.089%)	Eyecare/Glasses
4	(0.071%)	Family Counseling
1	(0.018%)	Family Maintenance/Reunification
2	(0.036%)	Family Preservation Programs
70	(1.25%)	Follow-Up
23	(0.411%)	Food
2	(0.036%)	Food Cooperatives
80	(1.429%)	Food Pantries
12	(0.214%)	Food Stamps/SNAP
2	(0.036%)	Foreclosure Prevention Loan Modification/Refinancing Programs
6	(0.107%)	Formula/Baby Food
1	(0.018%)	Free Paternity Testing
1	(0.018%)	Friendly Visiting
2	(0.036%)	Full Cost Motor Vehicle Registration
23	(0.411%)	Furniture
1	(0.018%)	Gay/Lesbian/Bisexual/Transgender Advocacy Groups
3	(0.054%)	GED/High School Equivalency Test Instruction
1	(0.018%)	General Assessment for Substance Abuse
89	(1.589%)	General Benefits Assistance
62	(1.107%)	General Counseling Services
34	(0.607%)	General Legal Aid
5	(0.089%)	General Medical Care
3	(0.054%)	General Paratransit/Community Ride Programs
2	(0.036%)	General Psychiatry
9	(0.161%)	General Relief
4	(0.071%)	Geriatric Counseling
3	(0.054%)	Glasses/Contact Lenses
9	(0.161%)	GLBT (Gay, Lesbian, Bisexual, Transgender) Issues
1	(0.018%)	Government Consumer Protection Agencies
6	(0.107%)	Government/Economic Services
1	(0.018%)	Group Residences for Adults with Disabilities
4	(0.071%)	Health Insurance Information/Counseling
1	(0.018%)	HIV Testing
1	(0.018%)	Holiday Programs
1	(0.018%)	Home Based Parenting Education
10	(0.179%)	Home Delivered Meals
7	(0.125%)	Home Health Care
11	(0.196%)	Home Maintenance and Minor Repair Services
12	(0.214%)	Home Rehabilitation Programs
1	(0.018%)	Home Repairs/Rehab
266	(4.75%)	Homeless
9	(0.161%)	Homeless Drop In Centers
11	(0.196%)	Homeless Motel Vouchers
5	(0.089%)	Homeless Permanent Supportive Housing
73	(1.304%)	Homeless Shelter
1	(0.018%)	Hospice Care
7	(0.125%)	Hospitals
8	(0.143%)	Household Goods
8	(0.143%)	Household Goods Donation Programs
1	(0.018%)	Housekeeping Assistance

93	(1.661%)	Housing
15	(0.268%)	Housing Authorities
1	(0.018%)	Housing Counseling
2	(0.036%)	Housing Down Payment Loans/Grants
9	(0.161%)	Housing Repairs
1	(0.018%)	Immigration
1	(0.018%)	Immunizations
23	(0.411%)	In Home Assistance
27	(0.482%)	Income Support/Assistance
14	(0.25%)	Individual, Family & Community Support
370	(6.607%)	Information
22	(0.393%)	Information and Referral
1	(0.018%)	Information Clearinghouses
3	(0.054%)	Information Lines
5	(0.089%)	In-Home Assistance
1	(0.018%)	Job Websites
1	(0.018%)	Juvenile Diversion
2	(0.036%)	Landlord/Tenant Assistance
3	(0.054%)	Language Interpretation
1	(0.018%)	Laundry Facilities
4	(0.071%)	Lawyer Referral Services
8	(0.143%)	Legal
1	(0.018%)	Library Services
8	(0.143%)	Local Bus Services
1	(0.018%)	Long Distance Bus Services
3	(0.054%)	Long Term Care Ombudsman Programs
1	(0.018%)	Low Cost For Sale Homes/Housing Units
10	(0.179%)	Low Income/Subsidized Private Rental Housing
2	(0.036%)	Material Goods/Clothing/Household
1	(0.018%)	Maternity Homes
4	(0.071%)	Mattresses
3	(0.054%)	Medicaid
19	(0.339%)	Medical Appointments Transportation
1	(0.018%)	Medical Care
2	(0.036%)	Medical Care Expense Assistance
12	(0.214%)	Medical Equipment/Supplies
29	(0.518%)	Medical/Health
11	(0.196%)	Medical-Financial Assistance
1	(0.018%)	Medicare
1	(0.018%)	Mental Health Evaluation
864	(15.429%)	Mental Illness
1	(0.018%)	Mobile Veterinary Care
10	(0.179%)	Money Management
5	(0.089%)	Mortgage Assistance
6	(0.107%)	Mortgage Delinquency and Default Counseling
7	(0.125%)	Mortgage Payment Assistance
10	(0.179%)	Municipal Police
1	(0.018%)	Neighborhood Revitalization
293	(5.232%)	Non-Transaction Call
2	(0.036%)	Nursing Facilities
1	(0.018%)	Nursing Home Transition Financing Programs
1	(0.018%)	Occupational Therapy
1	(0.018%)	Opioid Detoxification
47	(0.839%)	Outreach Programs
1	(0.018%)	Parent Support Groups
1	(0.018%)	Pediatrics

3	(0.054%)	Personal Financial Counseling
1	(0.018%)	Pet Boarding
1	(0.018%)	Pet Food
2	(0.036%)	Physician Referrals
1	(0.018%)	Poison Control
2	(0.036%)	Pregnancy Counseling
5	(0.089%)	Prescription Assistance
3	(0.054%)	Prescription Drug Discount Cards
12	(0.214%)	Prescription Expense Assistance
1	(0.018%)	Private Clinics
116	(2.071%)	Problem not listed
1	(0.018%)	Propane
4	(0.071%)	Property Tax Exemption Information
2	(0.036%)	Protective/Restraining Orders
7	(0.125%)	Psychiatric Disorder Counseling
2	(0.036%)	Public Health Information/Inspection/Remediation
2	(0.036%)	Public Health Nursing
8	(0.143%)	Public Housing
1	(0.018%)	Public Parks
1	(0.018%)	Public/Subsidized Housing Appeals Assistance
2	(0.036%)	Ramp Construction Services
3	(0.054%)	Recovery Homes/Halfway Houses
4	(0.071%)	Reduced Cost Motor Vehicle Registration
1	(0.018%)	Refugee/Entrant Cash Assistance
30	(0.536%)	Relationship Issues
4	(0.071%)	Rent Assistance
253	(4.518%)	Rent Payment Assistance
16	(0.286%)	Representative Payee Services
1	(0.018%)	Roadside assistance
1	(0.018%)	Rooming/Boarding Houses
3	(0.054%)	Runaway/Homeless Youth Counseling
2	(0.036%)	Runaway/Youth Shelters
2	(0.036%)	School Districts
9	(0.161%)	Section 8 Housing Choice Vouchers
2	(0.036%)	Self Representation Assistance
2	(0.036%)	Senior Centers
5	(0.089%)	Senior Ride Programs
214	(3.821%)	Senior Services
35	(0.625%)	Sexual Assault
2	(0.036%)	Sexual Assault Counseling
6	(0.107%)	Sexual Assault Hotlines
1	(0.018%)	Sheriff
1	(0.018%)	Small Claims Courts
1	(0.018%)	Smoking Cessation
7	(0.125%)	Social Security Disability Insurance
2	(0.036%)	Social Security Retirement Benefits
1	(0.018%)	Special Education
1	(0.018%)	Specialized Counseling Services
2	(0.036%)	Specialized Information and Referral
1	(0.018%)	Spouse/Intimate Partner Abuse Counseling
2	(0.036%)	SSI
1	(0.018%)	Student Counseling Services
2	(0.036%)	Student Health Programs
20	(0.357%)	Substance Abuse
13	(0.232%)	Substance Abuse Treatment Programs
149	(2.661%)	Suicide

6	(0.107%)	Suicide Counseling
7	(0.125%)	Suicide Prevention Hotlines
16	(0.286%)	Support Group
39	(0.696%)	Support Groups
900	(16.071%)	Support Only
2	(0.036%)	Supported Employment
1	(0.018%)	Supported Living Services for Adults with Disabilities
1	(0.018%)	Sweat Equity Programs
3	(0.054%)	TANF
13	(0.232%)	Tax Preparation Assistance
10	(0.179%)	Temporary Financial Assistance
2	(0.036%)	Thrift Shops
1	(0.018%)	Train Stations
15	(0.268%)	Transitional Housing/Shelter
20	(0.357%)	Transportation - Local
13	(0.232%)	Transportation - Long Distance
4	(0.071%)	Transportation Expense Assistance
4	(0.071%)	Transportation Passes
2	(0.036%)	Unemployment Insurance
3	(0.054%)	Urgent Care Centers
204	(3.643%)	Utility Assistance
2	(0.036%)	Veteran Benefits Assistance
1	(0.018%)	Vocational Education
7	(0.125%)	Vocational Rehabilitation
22	(0.393%)	Volunteer Opportunities
2	(0.036%)	Weatherization Programs
2	(0.036%)	Websites
1	(0.018%)	Wellness Programs
1	(0.018%)	Wheelchairs/Wheeled Mobility
3	(0.054%)	WIC
3	(0.054%)	Winter Clothing Donation Programs
1	(0.018%)	Women's Advocacy Groups
1	(0.018%)	Y Facilities

6651 TOTAL Referred, Unmet, Reason for Contact, OOD, Site Reasons (All requests)

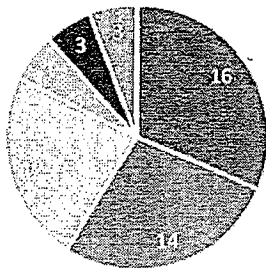
5600 TOTAL Search Option - County

Clinical Follow-Up Program

AGENCY: PATH	FY2015 Clinical Follow-Up		
PROGRAM: Clinical Follow-up	1Q	2Q	3Q
Projected Individuals:			
GENDER:			
Male			43
Female			76
Unknown			
Not recorded because no referral made (software issue)			
Total Individuals Served:			
AGE GROUP:			
Infants (0-3)			0
Youth (4-13)			0
Teens (14-18)			4
Adults (19-59)			109
Seniors (60 & up)			6
RESIDENCE			
Bloomington			
Normal			
Other			
*SERVICE HOURS PROJECTED:			
PHONE CALLS (9,500 Annual)			
STAFF HOURS			
HD/377 FUNDING \$38,028	\$8,407.66	\$8,333.34	\$11,600.01
FUNDING FROM OTHER SOURCES	0	0	0

3Q FY2015 Clinical Follow-Up Program Statistics

Unable to Contact

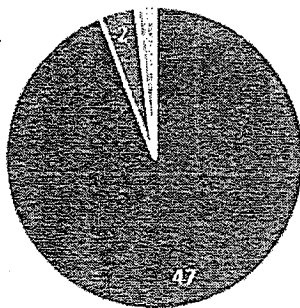


- Contacted 3 Times
- Phone Disconnected or No phone
- Out of County

Unable to Contact	51
Contacted 3 Times	16
Phone Disconnected or No phone	14
Out of County	12
Admitted	3
Refused Follow-up	3
Youth (Under 18)	3

51

Action Plan 1/1/15-3/31/15



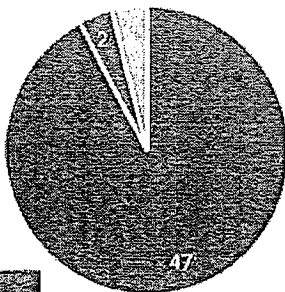
- Will use
- Will use part

Action Plan - Follow-Up 1	
Will use	47
Will use part	2
Will not use action plan	1

The Action Plan is initiated at the point of contact by the Crisis Team.

50

Safety Plan



- Will use
- Will not use

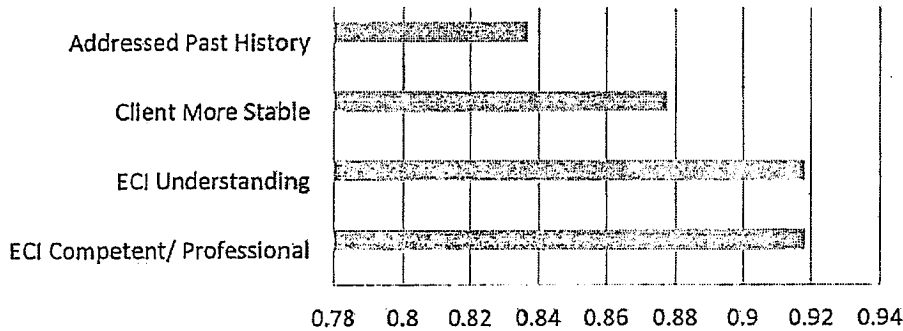
Safety Plan Follow-Up 1	
Will use	47
Will not use	2
Will use part	2

The Safety Plan is designed to include the steps the person can take should the situation worsen.

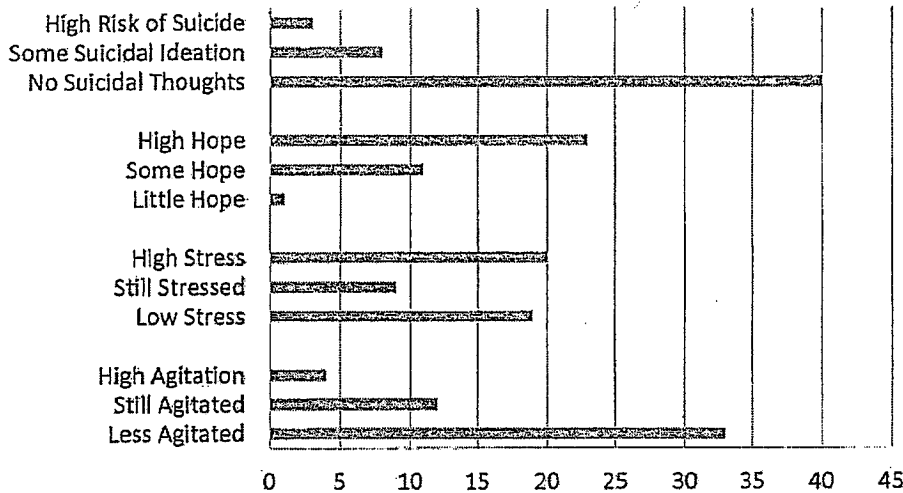
50

Clinical Follow-Up Charts Continued

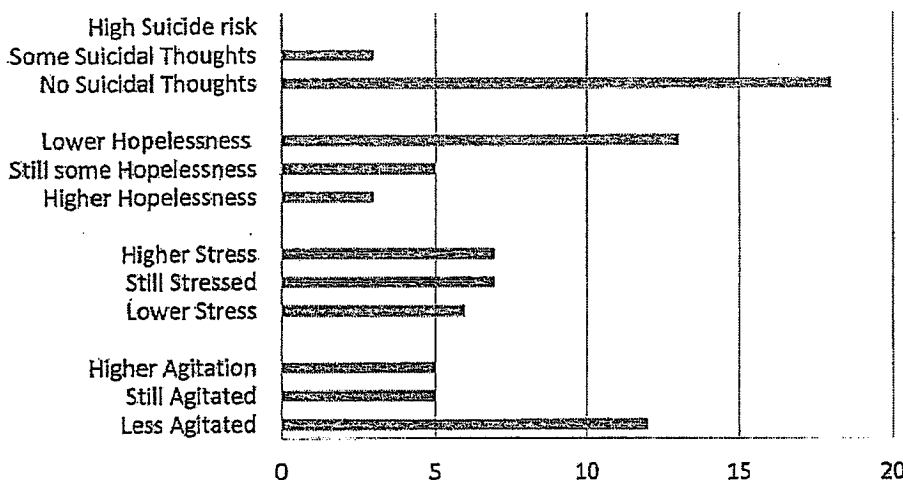
ECI Client Ratings



Emotional State Follow Up 1



Emotional State Follow Up 2



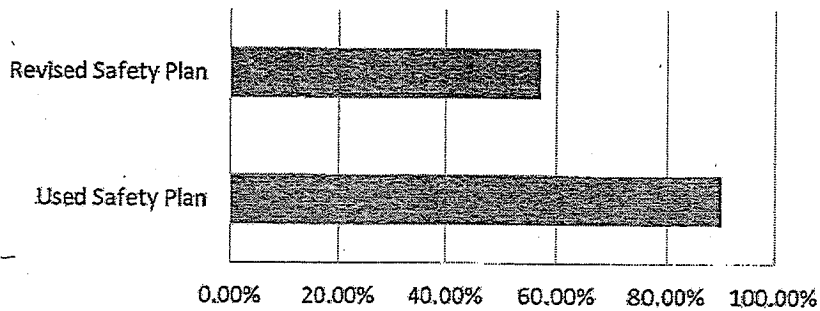
Clinical follow-up has been espoused by SAMHSA on a nationwide basis as a method of saving lives.

It is also a measurement of the effectiveness of the initial intervention by the crisis team.

A positive intervention can be measured in part by the changes in evidence-based chosen emotional factors—a continuing decrease is symptoms, shown here for the most part, speaks to the effectiveness of the McLean County Center for Human Services Crisis Team.

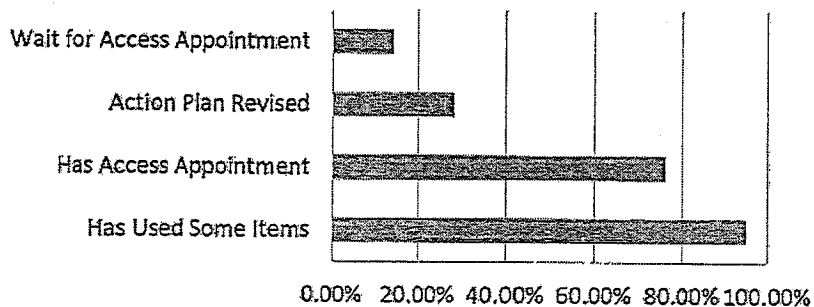
Clinical Follow-up – Second Contact

Safety Plan Follow Up 2



Safety Plan for Follow-Up 2
 Used Safety Plan 90.48%
 Revised Safety Plan 57.14%

Action Plan Follow Up 2



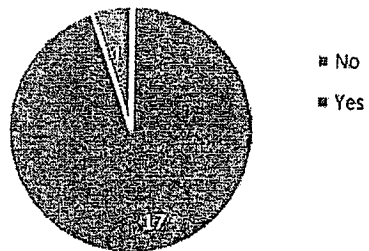
Action Plan for Follow-Up 2
 Has Used Some Items 95.24%
 Has Access Appointment 76.19%
 Action Plan Revised 28.57%
 Wait for Access Appointment 14.29%

Adverse Events

New Report from ECI Since Last Contact

No	17
Yes	1

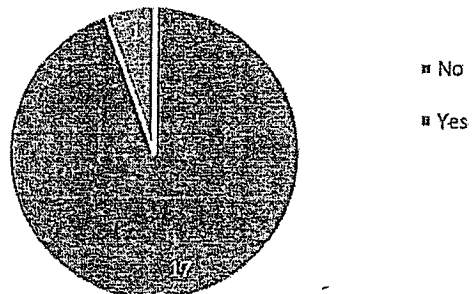
New Report Since Last Contact



Suicide Attempt Since Last Contact

No	17
Yes	1

Attempts Since Last Contact



FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Project OZ

Quarter: January, February, March

Program

Community Prevention

	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:					
Male					
Female					
Total Individuals Served/Hrs Provided	0	0	0		
Age Group:					
Infants (0-3)					
Youths (4-14)					
Teens (15-18)					
Adults (19-59)					
Seniors (60 & up)					
Total Individuals Served/Hrs Provided	0	0	0		
Residence:					
Bloomington					
Normal					
Other:					
Towanda					
Hudson					
Carlock					
Lexington					
Downs					
Leroy					
Clinton					
Ellsworth					
Community Presentations					
DEA Take-Back Day					
Your Actions Matter					
Total Individuals Served/Hrs Provided	0	0	0		
Projected Individuals/Hrs Provided					

Referral Source for New Admissions:

Primary problem area(s) of clients served:

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled

Project OZ

Prevention and Education Department Quarterly Health Department Report and Narrative January, February, March 2015

The third quarter of substance abuse prevention and education services at Project OZ was very busy with teaching classes of the *Too Good for Drugs* (TGFD) core and booster sessions in schools throughout the county. Also, the Youth Action Board participated in National Drug Facts Week, created advocacy messages, and held a Tobacco and Community Clean-Up event.

Youth Individual Prevention:

The following classes started in the second quarter and ended in the third quarter:

- Ended TGFD core with three classes of 6th graders at Parkside Junior High
- Ended TGFD booster with two classes of 7th graders at Parkside Junior High
- Ended TGFD core with two classes of 6th graders at Chiddix Junior High
- Ended TGFD booster with two classes of 7th graders at Chiddix Junior High

The following classes both started and ended in the third quarter:

- One TGFD core class with 6th graders at Parkside Junior High
- Two TGFD booster classes with 7th graders at Parkside Junior High
- Two TGFD core classes with 6th graders at Chiddix Junior High
- Two TGFD booster classes with 7th graders at Chiddix Junior High
- One TGFD core class with 7th graders at Heyworth Junior High
- One TGFD booster class with 8th graders at Heyworth Junior High
- Two TGFD core classes with 6th graders at Evans Junior High
- One TGFD booster class with 7th graders at Evans Junior High
- Four TGFD booster classes with 8th graders at Tri-Valley Middle School

The following classes started in the third quarter and will continue into the fourth quarter:

- Started TGFD core with three classes at Tri-Valley Middle School
- Started TGFD booster with two classes of 7th graders at Parkside Junior High
- Started TGFD core with two classes of 6th graders at Evans Junior High
- Started TGFD booster with one class of 7th graders at Evans Junior High
- Started TGFD booster with three classes of 6th graders at LeRoy Middle School

Youth Peer Prevention:

The Project OZ Youth Action Board (YAB) has been very busy this quarter. At the January meeting they discussed plans for the group for the remainder of the semester, worked on the community presentations to at-risk youth, and talked about upcoming alcohol and tobacco audits that will be done with the Normal Police Department including the logistics involved in these events. Late in January, two teens assisted the Normal Police Department with the tobacco audits. During the February meetings, the group worked on posters for each of the

high schools for National Drug Facts Week and created questions to be asked of the Adult Advisory Board whom will meet in March. They also finalized the t-shirt designs, planned for the Tobacco Clean-up Day to take place in March, and worked with Marissa Thomas from the McLean County Health Department on creating advocacy messages. Also during March, members of the group were interviewed on WJBC radio about the upcoming Tobacco Clean-up Day which they carried out on March 15th. Much litter and a whole cylinder of tobacco products were collected. The group also began work on a collaborative project with OSF St. Joseph Medical Center. They will supply PSA's and flyers on underage drinking to be used during prom season. Flyers will be hung in the high schools. This will be in conjunction with the release of an underage drinking video to all the area high school Physical Education and Driver's Education Departments that was produced by OSF.

Also in March, 8 members of the Adult Advisory Board met. They committed to having their youth groups work with YAB on two events throughout the year. They also brainstormed possible ideas for the PSA's and flyers for prom season. They discussed protective measures that adults can take during prom season to help students prepare for prom and to promote a No-use prom.

Lastly, the group was successful in getting Mayor Renner to commit to a meeting with Youth Action Board members prior to the "Your Actions Matters" campaign for packaged liquor tags which takes place in late April. The goal of the meeting is gain the Mayor's support and ask if he will co-sign the letters that go out to local alcohol retailers explaining the campaign and asking for their participation.

Community Prevention:

We continue to promote the 24-hour prescription drug disposal drop boxes located at the Bloomington and Normal Police Departments and will continue to partner with the Normal Police Department for planning and participating in the DEA Prescription Take Back event to be held next spring. YAB also continues to participate in alcohol and tobacco audits with Normal Police Department.

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Project OZ

Quarter: January, February, March

Program

Youth Individual Prevention

	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:					
Male	419				
Female	390				
Total Individuals Served/Hrs Provided	809	1090	256 classes	768	
Age Group:					
Infants (0-3)					
Youths (4-14)	809	1090			
Teens (15-18)					
Adults (19-59)					
Seniors (60 & up)					
Total Individuals Served/Hrs Provided	809	1090	256 classes	768	
Residence:					
Bloomington	407				
Normal	218				
Other:					
Towanda	5				
Hudson	12				
Carlock	7				
Lexington					
Downs	54				
Leroy	65				
Clinton					
Ellsworth, Holder	9				
Arrowsmith, Cooksville	3				
Heyworth	36				
Total Individuals Served/Hrs Provided	809	1090	256 classes	768	
Projected Individuals/Hrs Provided					

Referral Source for New Admissions:

Primary problem area(s) of clients served:

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Project OZ

January, February, March	Program				
	Youth Peer Prevention				
	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:					
Male	8	8			
Female	18	18			
Total Individuals Served/Hrs Provided	26	26	6 meetings	48	
Age Group:					
Infants (0-3)					
Youths (4-14)					
Teens (15-18)	18	18			
Adults (19-59)	8	8			
Seniors (60 & up)					
Total Individuals Served/Hrs Provided	26	26	6 meetings	48	
Residence:					
Bloomington					
Normal					
Other:					
Towanda					
Hudson					
Carlock					
Lexington					
Downs					
Leroy					
Clinton					
Your Actions Matter					
Adult Advisory Board	8	8			
Reverse Trick or Treat					
Youth Action Board	18	18			
Total Individuals Served/Hrs Provided	26	26	6 meetings	48	
Projected Individuals/Hrs Provided					

Referral Source for New Admissions:

Primary problem area(s) of clients served:

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled

MCLEAN COUNTY HEALTH DEPARTMENT

HIRE/EXIT REPORT

1st Quarter 2015

<u>HIRE</u>	This Qtr	This Qtr Last Year	Year to Date	Yr to date Last year
Accounting Clerk	0	0	0	0
Case Manager	0	0	0	0
Case Man Supv	0	0	0	0
CD Investigator	0	0	0	0
OSS	1	0	1	0
Clinic Nurse	0	0	0	0
Director	0	0	0	0
Extern	0	0	0	0
Fiscal Manager	0	0	0	0
Health Promotion Spec	0	0	0	0
Intern	0	0	0	0
Public Health Nurse	3	1	3	1
Vision & Hearing Tech	0	0	0	0
Sanitarian	0	0	0	0
Supervising Nurse	0	0	0	0
Nutritionist	0	0	0	0
Health Program Manager	2	0	2	0
Clinic Coordinator	0	0	0	0
Animal Control	0	1	0	1
Hygienist	1	0	1	0
Supervising Office Support Spec	0	0	0	0
Parking Lot Attendant	0	0	0	0
Peer Counselor/Outreach	1	0	1	0
P H Comm Spec	0	0	0	0
Clerical Asst.	0	0	0	0
TOTAL	8	2	8	2

<u>Exit</u>	This Qtr	This Qtr Last Year	Year to Date	Yr to date Last year
Accounting Spec	0	0	0	0
Case Manger	0	1	0	1
Case Man Supv	0	0	0	0
CD Investigator	1	0	1	0
OSSI/OSSII/Adm Spec	0	2	0	2
Clinic Nurse	0	0	0	0
Director	0	0	0	0
Extern	0	0	0	0
Fiscal Manager	0	0	0	0
Health Promotion Spec	0	0	0	0
Intern	0	0	0	0
Public Health Nurse	1	3	1	3
Vision & Hearing Tech	0	0	0	0
Sanitarian/Prog Supv	0	0	0	0
Supervising Nurse/Div Dir	0	0	0	0
Nutritionist	0	0	0	0
Health Program Manager	0	0	0	0
Clinic Coordinator/Prog Coord	0	1	0	1
Animal Control	0	0	0	0
Hygienist	1	0	1	0
Supervising Office Support Spec	0	0	0	0
Parking Lot Attendant	0	0	0	0
Peer Counselor/Outreach	0	0	0	0
PH Comm Spec	0	1	0	1
Clerical Asst	0	0	0	0
TOTAL	3	8	3	8

1st Quarter 2015 Fiscal Status Report

January 1, 2015 thru March 31, 2015

0112 Health Fund

As of 3/31/15 5% of the budgeted revenue has been collected. The amount is low because Property Tax revenue which is 70% of the budget has not been collected yet. Revenue is up from this time period in 2014 due to an increase in Intergovernmental Revenue and a significant increase in revenue from Charges for Services which is related to an increase in Immunization Fees collected and revenue from Private Insurance.

Expenses as of 3/31/15 are at 18% of the budget which is less than projected for the end of the 1st quarter and level with where we were at this time last year.

FUND 102: DENTAL FUND
AS OF 03/31/15

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$505,278.00	\$89,179.72	17.65%	\$491,584.00	\$94,370.08	(\$5,190.36)	19.20%
Charges for Service	\$26,500.00	\$5,315.61	20.06%	\$26,600.00	\$6,442.58	(\$1,126.97)	24.22%
Misc.	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Contributions	\$45,000.00	\$4,631.24	10.29%	\$45,000.00	\$7,535.89	(\$2,904.65)	16.75%
Total Revenue	\$576,778.00	\$99,126.57	17.19%	\$563,184.00	\$108,348.55	(\$9,221.98)	19.24%
EXPENSE							
Salaries	\$148,839.00	\$28,838.47	19.38%	\$144,547.00	\$30,629.00	(\$1,790.53)	21.19%
Fringe	\$43,289.00	\$8,999.28	20.79%	\$42,450.00	\$9,071.55	(\$72.27)	21.37%
Materials & Supp	\$42,325.00	\$11,078.17	26.17%	\$43,912.00	\$9,873.35	\$1,204.82	22.48%
Contractual	\$342,325.00	\$41,983.00	12.26%	\$332,275.00	\$45,767.91	(\$3,784.91)	13.77%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$576,778.00	\$90,898.92	15.76%	\$563,184.00	\$95,341.81	(\$4,442.89)	

FUND 103: WIC PROGRAM/CHILDHOOD LEAD
AS OF 03/31/15

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$486,502.00	\$133,283.46	27.40%	\$481,287.00	\$120,145.66	\$13,137.80	24.96%
Charge for Service		\$1,261.46			\$1,396.55		
Transfer					\$0.00		
Miscellaneous		\$1,000.00			\$0.00		
Total Revenue	\$486,502.00	\$135,544.92	27.86%	\$481,287.00	\$121,542.21	\$13,137.80	25.25%
EXPENSE							
Salaries	\$319,145.00	\$70,853.17	22.20%	\$313,290.00	\$65,739.24	\$5,113.93	20.98%
Fringe	\$104,678.00	\$25,744.62	24.59%	\$111,530.00	\$24,590.74	\$1,153.88	22.05%
Materials & Supp	\$25,550.00	\$9,242.68	36.17%	\$15,082.00	\$3,553.34	\$5,689.34	23.56%
Contractual	\$35,864.00	\$5,928.60	16.53%	\$33,760.00	\$6,994.45	(\$1,065.85)	20.72%
Capital	\$1,660.00	\$0.00	0.00%	\$7,625.00	\$5,994.00	(\$5,994.00)	
Total Expense	\$486,897.00	\$111,769.07	22.96%	\$481,287.00	\$106,871.77	\$4,897.30	

FUND 105:
V & H/TOBACCO/KOMEN/ASTHMA
AS OF 03/31/15

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Lic./Permits/Fees	\$9,342.00	\$2,887.50	30.91%	\$12,000.00	\$1,642.50	\$1,245.00	13.69%
Inter-Government	\$109,830.00	\$31,381.05	28.57%	\$336,940.00	\$85,884.53	(\$54,503.48)	25.49%
Charges for Service	\$0.00	\$0.00	#DIV/0!	\$7,800.00	\$2,610.00	(\$2,610.00)	33.46%
Misc.	\$7,286.00	\$2,468.54		\$0.00	\$125.00	\$2,343.54	
Total Revenue	\$126,458.00	\$36,737.09	29.05%	\$356,740.00	\$90,262.03	(\$53,524.94)	25.30%
EXPENSE							
Salaries	\$75,214.00	\$16,909.07	22.48%	\$122,222.00	\$29,932.97	(\$13,023.90)	24.49%
Fringe	\$26,430.00	\$6,042.67	22.86%	\$39,616.00	\$9,693.47	(\$3,650.80)	24.47%
Materials & Supp	\$9,088.00	\$1,239.49	13.64%	\$34,491.00	\$14,787.17	(\$13,547.68)	42.87%
Contractual	\$15,726.00	\$3,480.91	22.13%	\$160,411.00	\$20,795.75	(\$17,314.84)	12.96%
Capital	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$126,458.00	\$27,672.14	21.88%	\$356,740.00	\$75,209.36	(\$47,537.22)	

**FUND 106: FCM/IN PERSON ASSISTER
AS OF 03/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$1,050,387.00	\$355,742.03	33.87%	\$1,057,696.00	\$294,172.75	\$61,569.28	27.81%
Charges for Service	\$0.00	\$6,122.30	#DIV/0!	\$0.00	\$848.26	\$5,274.04	#DIV/0!
Transfers	\$132,642.00	\$0.00	0.00%	\$145,883.00	\$0.00	\$0.00	0.00%
Misc.	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	
Total Revenue	\$1,183,029.00	\$361,864.33	30.59%	\$1,203,579.00	\$295,021.01	\$66,843.32	24.51%
EXPENSE							
Salaries	\$742,739.00	\$161,737.88	21.78%	\$772,094.00	\$154,950.24	\$6,787.64	20.07%
Fringe	\$260,484.00	\$61,097.16	23.46%	\$268,812.00	\$56,891.27	\$4,205.89	21.16%
Materials & Supp	\$39,926.00	\$15,901.99	39.83%	\$34,537.00	\$6,516.48	\$9,385.51	18.87%
Contractual	\$138,630.00	\$20,768.65	14.98%	\$121,886.00	\$18,197.91	\$2,570.74	14.93%
Capital	\$1,250.00	\$0.00	0.00%	\$6,250.00	\$0.00	\$0.00	0.00%
Total Expense	\$1,183,029.00	\$259,505.68	21.94%	\$1,203,579.00	\$236,555.90	\$22,949.78	

**FUND 107:
AIDS/EMERGENCY PREPAREDNESS/WEST NILE VIRUS
AS OF 03/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$274,558.00	\$72,913.18	26.56%	\$224,089.00	\$47,171.95	\$25,741.23	21.05%
Miscellaneous	\$1,457.00	\$133.21	9.14%	\$0.00	\$10.00	\$123.21	#DIV/0!
Total Revenue	\$276,015.00	\$73,046.39	26.46%	\$224,089.00	\$47,181.95	\$25,864.44	21.06%
EXPENSE							
Salaries	\$127,184.00	\$37,019.56	29.11%	\$121,298.00	\$21,569.01	\$15,450.55	17.78%
Fringe	\$35,629.00	\$10,748.57	30.17%	\$34,757.00	\$6,064.76	\$4,683.81	17.45%
Materials & Supp	\$13,459.00	\$2,872.21	21.34%	\$14,650.00	\$4,272.18	(\$1,399.97)	29.16%
Contractual	\$99,743.00	\$10,848.75	10.88%	\$53,384.00	\$7,915.43	\$2,933.32	14.83%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Total Expense	\$276,015.00	\$61,489.09	22.28%	\$224,089.00	\$39,821.38	\$21,667.71	

**FUND 110: PERSONS/DEV. DISABILITY FUND
AS OF 03/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Taxes	\$687,144.00	\$0.00	0.00%	\$681,395.00	\$0.00	\$0.00	0.00%
Miscellaneous	\$0.00			\$0.00			
Total Revenue	\$687,144.00	\$0.00	0.00%	\$681,395.00	\$0.00	\$0.00	0.00%
EXPENSE							
Salaries	\$13,400.00	\$0.00	0.00%	\$6,500.00			
Fringe	\$1,496.00	\$0.00	0.00%	\$679.00			
Contractual	\$672,248.00	\$169,919.00	25.28%	\$674,895.00	\$170,551.00	(\$632.00)	25.27%
Total Expense	\$687,144.00	\$169,919.00	24.73%	\$682,074.00	\$170,551.00	(\$632.00)	25.00%

FUND 112: HEALTH FUND
AS OF 03/31/15

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	3/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Taxes	\$3,471,226.00	\$0.00	0.00%	\$2,954,502.00	\$0.00	\$0.00	0.00%
Lic./Permits/Fees	\$438,600.00	\$64,954.00	14.81%	\$769,787.00	\$77,315.00	(\$12,361.00)	10.04%
Inter-Government	\$538,516.00	\$149,957.77	27.85%	\$470,053.00	\$112,611.78	\$37,345.99	23.96%
Charges for Service	\$388,345.00	\$36,760.53	9.47%	\$278,500.00	\$12,024.43	\$24,736.10	4.32%
Transer	\$0.00	\$0.00	#DIV/0!	\$32,405.00	\$0.00	\$0.00	
Misc.	\$101,829.00	\$300.23	0.29%	\$109,700.00	\$164.00	\$136.23	0.15%
Total Revenue	\$4,938,516.00	\$251,972.53	5.10%	\$4,614,947.00	\$202,115.21	\$49,857.32	4.38%
EXPENSE							
Salaries	\$2,420,933.00	\$454,774.22	18.79%	\$2,374,465.00	\$432,361.42	\$22,412.80	18.21%
Fringe	\$293,205.00	\$70,986.35	24.21%	\$286,566.00	\$59,218.35	\$11,768.00	20.66%
Materials & Supp	\$312,737.00	\$28,774.55	9.20%	\$237,560.00	\$23,253.64	\$5,520.91	9.79%
Contractual	\$1,830,305.00	\$375,436.75	20.51%	\$1,720,351.00	\$356,054.85	\$19,381.90	20.70%
Capital	\$87,980.00	\$0.00	0.00%	\$75,101.00	\$0.00	\$0.00	0.00%
Transfer	\$20,816.00	\$3,297.42	15.84%	\$20,240.00	\$4,544.82	(\$1,247.40)	22.45%
Total Expense	\$4,965,976.00	\$933,269.29	18.79%	\$4,714,283.00	\$875,433.08	\$57,836.21	18.57%

ENVIRONMENTAL HEALTH DIVISION

Bi-monthly Report

March 1, 2015 – April 30, 2015

FOOD INSPECTION PROGRAM

	<u>2015</u>	<u>2014</u>
Full-Time Food Establishments		
Active Food Permits - With Fees	677	684
Active Food Permits - No Fees	138	132
Total Active Food Permits	815	816
New Food Permits Issued for Report Interval	14	7
New Food Permits Issued for Year-To-Date	31	27
Food Permits Inactivated for Report Interval.....	9	6
Food Permits Inactivated for Year-To-Date	37	33

Temporary Food Establishments

Single Event Temp. Food Permits Issued for Report Interval	52	56
Single Event Temp. Food Permits Issued for Year-To-Date	79	86
Multiple Event Temporary Permits Issued for Report Interval	2	1
Multiple Event Temporary Permits Issued for Year-To-Date	8	6
Total Temporary Food Permits Issued for Report Interval.....	54	57
Total Temporary Food Permits Issued for Year-To-Date.....	87	92

FOOD ESTABLISHMENT COMPLAINTS

	<u>2015</u>	<u>2014</u>
Food Est. Complaints Received for Report Interval	18	12
Food Est. Complaints Received for Year-To-Date	32	28

FOOD PRODUCT INQUIRIES

	<u>2015</u>	<u>2014</u>
Food Product Inquiries Received for Report Interval	0	1
Food Product Inquiries Received for Year-To-Date	0	1

FOOD ESTABLISHMENT PLAN REVIEWS

	<u>2015</u>	<u>2014</u>
Plans Received For New/Remodeled Food Est. for Report Interval	15	6
Plans Received For New/Remodeled Food Est. for Year-To-Date	23	12

PRIVATE SEWAGE DISPOSAL PROGRAM

	<u>2015</u>	<u>2014</u>
Permits Issued for New Construction for Report Interval	11	5
Permits Issued for New Construction for Year-To-Date	12	6
Permits Issued for Repairs or Additions to Existing Systems for Report Interval.....	2	4
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date	2	6
Permits Issued for the Replacement of a Previous Legal System for Report Interval.....	1	1
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	1	1
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	3	1
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date.....	4	1
Permits Issued for Systems Probed by Sanitarians for Report Interval	0	0
Permits Issued for Systems Probed by Sanitarians for Year-To-Date	0	0
Permits Issued for "Information Only" Systems for Report Interval.....	3	0
Permits Issued for "Information Only" Systems for Year-To-Date.....	3	0
Permits Voided for Report Interval.....	0	0
Permits Voided for Year	0	0
Total Private Sewage Disposal System Permits Issued for Report Interval	20	11
Total Private Sewage Disposal System Permits Issued for Year-To-Date	41	14
Septic System Evaluations Received and Reviewed for Report Interval	57	40
Septic System Evaluations Received and Reviewed for Year-To-Date	78	58

	<u>2015</u>	<u>2014</u>
Licensed Private Sewage System Installers for Report Interval	4	6
Licensed Private Sewage System Installers for Year-To-Date	25	29

	<u>2015</u>	<u>2014</u>
Licensed Private Sewage System Pumpers for Report Interval.....	5	3
Licensed Private Sewage System Pumpers for Year-To-Date.....	17	14

PRIVATE SEWAGE SYSTEM COMPLAINTS

	<u>2015</u>	<u>2014</u>
Private Sewage System Complaints for Report Interval.....	3	0
Private Sewage System Complaints for Year-To-Date.....	5	0

OTHER SEWAGE RELATED COMPLAINTS

	<u>2015</u>	<u>2014</u>
Other Sewage Complaints Received for Report Interval.....	2	0
Other Sewage Complaints Received for Year-To-Date.....	2	1

POTABLE WATER PROGRAM

	<u>2015</u>	<u>2014</u>
Private Water Reports Sent Out for Report Interval	52	40
Private Water Reports Sent Out For Year-To-Date	83	63

	<u>2015</u>	<u>2014</u>
New Non-Community Water Supplies for Report Interval	1	0
Non-Community Water Supplies Year-To-Date	31	31

WATER WELL PROGRAM

	<u>2015</u>	<u>2014</u>
Water Well Permits Issued for Report Interval.....	15	2
Water Well Permits Issued for Year-To-Date.....	16	4
Abandoned Water Wells Properly Sealed for Report Interval.....	3	4
Abandoned Water Wells Properly Sealed Year-To-Date	6	5

GEOHERMAL EXCHANGE SYSTEM PROGRAM

	<u>2015</u>	<u>2014</u>
Geothermal Exchange System Registrations for Report Interval	3	14
Geothermal Exchange System Registrations Year-To Date	5	15

TANNING FACILITY INSPECTION PROGRAM

	<u>2015</u>	<u>2014</u>
Number of IDPH Licensed Tanning Facilities in McLean County	15	16

SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS

	<u>2015</u>	<u>2014</u>
Complaints Received for Report Interval	3	3
Complaints Received for Year-To-Date	2	8

Mar-Apr 2015

05/11

Proposed Grading System

		Repeat Violations			
		Count of Violation(s)	0-5	6-10	11+
FBI Risk Factors	0-3	Pass	Pass with Conditions	Fail	
	4-5	Pass with Conditions	Pass with Conditions	Fail	
	6+	Fail	Fail	Fail	

- Repeat violation for Good Retail Practices has to be the same violation at the same location.
- Repeat violation for FBI Risk Factors would be a repeat violation for the same practice.

**Maternal Child Health Services Division
March 11, 2015 Board of Health Meeting
Highlights for March –April 2015
Quarterly Statistical Report January – March 2015**

Staffing:

- The division said good bye to Alana Scopel, (WIC program nutritionist) on May 4, 2015.
- The division welcomed Deborah Caldwell, Breastfeeding Peer Counselor to the WIC program on March 23, 2015.

A day in the life.... Some of the many benefits of the FCM's Better Birth Outcomes program (BBO) include intensive prenatal education discussed with the participant throughout her pregnancy and care coordination and collaboration between case managers, medical providers, various community agencies and faith based organizations. The BBO case manager has the time to counsel, educate and when necessary, prepare a participant for a pregnancy outcome that no mother-to-be wants to possibly consider.

A young participant, 23 years of age, was enrolled in BBO for her third pregnancy, due to the risk factors of continued tobacco use during pregnancy and low educational attainment, having only completed 9th grade.

About six months into the pregnancy, the case manager was notified by the participant's physician that an ultrasound revealed major fetal deformities, necessitating that the participant get to Peoria immediately to follow up with a perinatologist. The participant had limited resources and no means to travel to Peoria. The case manager was able to arrange immediate transportation to Peoria, through the transportation resources allotted to the BBO program.

The perinatologist confirmed that the fetus had major malformations that were not compatible with life, but the participant refused to accept the devastating news that her baby would most likely perish in utero, and carried on with plans for the birth of a normal baby. The case manager continued to meet with the participant to allow her to express her feelings and her fears, counseling the participant very gently on preparing for something other than a positive outcome.

The participant's baby did die in utero at 30 weeks gestation; the participant, who was unemployed and destitute, was left with questions on how she would cover basic funeral expenses for her baby.

One week before the baby died, Governor Rauner cut all Medicaid funding to assist with indigent funerals; the very assistance this young grieving mother could have greatly benefitted from. The case manager reached out to the faith based community and a local church offered to cover the cost of the baby's cremation. The church in turn reached out to the participant to offer a basic funeral service, free of charge. Several case managers got together and bought a small urn for the baby's ashes. This young mother had no means to offer her baby a basic funeral, but thanks to the resourceful case manager, the BBO program, and FCM's expanding network of community resources, her baby was given the dignity of a funeral deserved by all people.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

- The WIC program underwent a program review on May 4 and 5th. Initial reports have been positive. The regional nutritionist conducting the review was joined by a regional nutritionist from Rockford as well as a new regional nutritionist in training from the southern region. We are currently awaiting a final report.
- Over the past two months, the WIC program made some minor modifications in clinic hours as well as utilizing resources from the Child Retention Project to send a birthday card to children on their first birthday in an effort to increase caseload. The program is beginning to see positive growth after a steady decline through the winter months.
- The WIC program will once again offer grocery store tours and \$10 shopping challenge through the Cooking Matters for WIC grant. This year, additional stores will be utilized as tour sites.

Family Case Management (FCM) & Better Birth Outcomes Program (BBO):

- The FCM program review on March 9 and 10th went well and only minor deficiencies were identified. The program review covered the FCM program, APORS case management and the medical case management program. Sophie Rebert, FCM Program Supervisor, is working on a corrective action plan to address their findings. Corrective actions include develop and implement a plan to: increase home visits for at risk prenatal women, increase immunizations for infants, and increase first trimester enrollment of FCM clients; and develop and implement a plan to assure dental care and treatment services forms are received and documented for DCFS children.
- Sophie was asked to join the Heartland Head Start Health Advisory Committee as that agency explores expanding into Early Head Start. This will be an excellent collaboration and an opportunity to increase WIC and FCM caseload and encourage WIC program retention of children past 12 months of age.

HealthWorks Lead Agency (HWLA):

- HealthWorks had a successful program audit on May 1st. The reviewers noted that our files look to be in good order and no issues were noted.
- Marie McCurdy, HWLA Coordinator, has recruited a physician from Farmer City as another option for DCFS wards in DeWitt County as well as the newly opened Christie Clinic in Monticello for DCFS wards in Piatt County. McLean County HWLA staff provides medical case management for DCFS wards in DeWitt, Piatt and Livingston Counties as well as McLean.

All Our Kids (AOK) Network:

- Maureen Sollars, AOK Network Coordinator, is partnering with the IPLAN mental health task force to achieve some of the AOK Network goals: a route to less stigma, especially related to accessing mental health services; more awareness of what mental health is and why it is important; and skills needed to help family, friends and community members access services in a crisis. The AOK Network is sponsoring Mental Health First Aid training on Thursday, May 21st from 8am – 4:30pm at the Health Department. Board of Health members are invited to attend this evidence-based training.

**MATERNAL CHILD HEALTH SERVICES DIVISION
QUARTERLY REPORT
1st Quarter, 2015**

PROGRAM SERVICES	Jan	Feb	March	1st Qtr 2015	1st Qtr 2014	YTD 2015	YTD 2014
------------------	-----	-----	-------	-----------------	-----------------	-------------	-------------

AOK Program

AOK Network-sponsored events	8	13	8	29	30	29	30
AOK attendance - Professional	74	111	40	225	440	225	440
AOK attendance - Public	0	220	95	315	311	315	311

WIC Program

WIC clinic certifications and mid-year follow ups	479	437	496	1412	1378	1412	1378
Clinic visits-Women	143	128	146	417	379	417	379
Clinic visits-Infants	148	119	164	431	446	431	446
Clinic visits-Children	188	190	186	564	553	564	553
WIC nutrition education contacts	474	417	488	1379	1276	1379	1276

MCH Clinic Services

Lead screenings	113	109	92	314	343	314	343
Lead results above normal limits (5-9 mcg/dl)	1	2	2	5	4	5	4
Lead results above normal limits (10 mcg/dl or above)	0	1	0	1	3	1	3
Hemoglobin tests	263	267	265	795	816	795	816
Hgb results below normal limits	20	19	43	82	35	82	35
Pregnancy tests	13	10	12	35	42	35	42
Developmental screens	264	239	260	763	800	763	800
Early Intervention referral to Child & Family Connections	10	7	10	27	36	27	36
Early Intervention referral to school	0	0	0	0	1	0	1
All Kids applications	6	7	14	27	51	27	51
Medicaid Presumptive Eligibility (MPE) applications	6	12	10	28	28	28	28

FCM / BBO / APORS / Genetics Program

FCM caseload	1236	1255	1297	1263	1274	1263	1274
Better Birth Outcomes caseload ##	137	130	135	134	82	134	82
FCM contacts	2618	1859	1839	6316	8228	6316	8228
APORS	9	6	11	26	32	26	32
Depression screens	181	169	158	508	585	508	585
Referrals to Center for Human Services	9	3	3	15	49	15	49
Genetic screens	1	5	4	10	19	10	19
Prenatal physician assignments	31	30	27	88	113	88	113
Pediatrician assignments	66	68	62	196	179	196	179

DCFS Medical Case Management Program (0-5yrs.) **

** Number of children in care	96	93	96		104		
Number of children closed to care	6	0	1	7	11	7	11
Number of children entering care	3	3	1	7	11	7	11

DCFS HealthWorks Lead Agency Program

DCFS Lead Agency wards in custody	Jan	Feb	Mar	1st Qtr 2015	1st Qtr 2014		
** DeWitt County	15	16	18	18	15		
** Livingston County	26	24	21	21	23		
** McLean County	248	252	257	257	298		
** Piatt County	8	10	11	11	9		

Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

** For HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

**DEFINITIONS FOR QUARTERLY REPORT FIGURES
MATERNAL CHILD HEALTH SERVICES DIVISION**

AOK Events: # of events AOK planned, promoted or participated in
AOK Attendance – Professional: # of staff from community agencies in attendance at events
AOK Attendance – Public: # of lay persons in attendance at events

WIC Certifications: Total # of clients certified
Women: # of above certs for pregnant, lactating & post-partum women
Infants: # of above certifications for infants aged 0 to 12 month birthday
Children: # of above certifications for children aged 1 year to 5th birthday

WIC Nutrition Classes: Total # of clients attending group or individual nutrition sessions

Development Screens: # of Denver II or Ages & Stages screenings completed

Lead Screenings: # of blood lead screenings completed

Other Laboratory Services: Total # of hemoglobin and pregnancy tests

Early Intervention Referral to Child and Family Connections: # of children up to age 3 who are referred to Child and Family Connections for EI services

Early Intervention Referral to School: # of children ages 3 years and older who are referred to their school district for EI services

All Kids Applications: # of applications taken and submitted

Family Case Management caseload: # of clients currently enrolled in the FCM program and followed by case managers; quarter and YTD # reflect average caseload achievement

Better Birth Outcomes Caseload: # of high risk pregnant women enrolled in the Intensive Prenatal Case Management a.k.a. Better Birth Outcomes program; quarter and YTD # reflect average caseload achievement

FCM Contacts: Total # of Family Case Management contacts including home visits, face-to-face and phone contacts by nurses & case managers to provide assessment, education, counseling, referral and follow-up. Also included are contacts to families not eligible for FCM but referred for APORS, lead poisoning, or other high-risk situations

APORS: # of cases referred through Adverse Pregnancy Outcome Report System

Depression Screens: # of Edinburgh Postnatal Depression Scale screens completed

Genetic Screens: # of clients assessed for referral to IDPH Genetics Services

Prenatal Physician Assignments: # of clients assigned to OB/GYN practitioners on the rotation

Pediatrician Assignments: # of pediatrician assignments from the rotation list made to prenatal clients

DCFS Medical Case Management: # of children 0-6 years old in DCFS care (previous year)
Children in care: Total # of children in care for current month
Closed to care: # of children closed to care in current month
Entering care: # of children entering care in current month

DCFS Lead Agency Wards in Custody: # of clients in custody at close of quarter in each county listed

1. Board of Health 553 decisions on FY16 (July 1, 2015 through June 30, 2016) mental health and substance abuse contract funding takes place during the May meetings. Agency requests were contained within the Funding Proposals packet that was distributed to Board of Health members. **Attachment C** includes funding options for **FY16 Mental Health/Substance Abuse** contractual programs, including the Drug Court program funded within the levy capability for mental health/substance abuse programming. In light of current financial conditions, including the consistent analysis the tax levy rate limitation of \$.05% for the Mental Health and Substance Abuse programs and the yet to be determined final EAV estimate for the coming fiscal year, an option to offer six month contracts covering the period July 1, 2015 through December 31, 2015, is being offered. In the opinion of staff, there would be very little if any negative consequence of selecting this option if assurances were made to continue funding currently funded programs, maintaining a minimum "hold-harmless" option for the six month extension period. The only possible negative consequence would be a delay in start-up of new programming not currently being supported by the 553 Levy. The positive impact would far outweigh the negative. If the funding is moved to parallel the County calendar year funding cycle, it will greatly improve planning capability by eliminating the multi-fiscal year levy participation and it will allow for more accurate statement of available tax resources using actual EAV rates as opposed to using projected rates. **These are CONTINUING CONTRACTS under Board of Health approval guidelines and is placed under Item for Action, New Business. Staff recommends approval of six-month awards to community applicants running through December, 2015.**

2. Attachment B. is a listing of all new contracts and grant applications requiring Board action that have been received or submitted since the last Board of Health meeting on March 11, 2015. Six new contracts and four renewal applications are on file for this reporting period. A summary of changes are listed at bottom of Attachment B. **New Business, Item for Action. Staff recommends approval of the 6 new contracts and 4 applications.**

3. Attachment D. is the description of the duties and responsibilities for members appointed to the Mental Health Advisory Board (MHAB). This document starts with the statutory reference to the establishment of the Advisory Board. Also included are several examples of targeted membership responsibilities. At the March Board meeting, Board members were asked to review this description and make comment to Laura Beavers by April 15, 2015. This revised version of the duties and responsibilities of the MHAB and its members has incorporated suggestions received from BOH members. **This is an item for Action, Old Business. Staff recommends approval.**

4. Attachment E. is draft Bylaws for the Mental Health Advisory Board. The bylaws include a brief description of the duties and responsibilities for members appointed to the Mental Health Advisory Board (MHAB). At the March Board meeting, Board members were asked to submit comments regarding the duties and responsibilities of Mental Health Advisory Board Members to Laura Beavers by April 15, 2015. Any comments received were used in helping to prepare the draft bylaws. Once the bylaws are approved, President Powell will be provided with a list of potential applicants for further review and action. **Old Business, Item for Action. Staff recommends approval the Mental Health Advisory Board Bylaws.**

5. Attachment F. is a copy of the IDHS Better Birth Outcome Performance Report for the period 1/1/15 through 3/31/15. This report gives a summary of the status of all BBO programs statewide as it applies to the primary measurement standards for the program. The top line indicates the targeted standards for each measure and each program is listed in alph order down the left. It allows for easy comparison of our BBO program against all other in the State. In addition, page 2 lists program measures just for McLean County and page 3 lists status of assessments of patients measured against statewide indicators. **New Business, Item for Information.**

6. Attachment G. is a brief summary of service and financial status information related to the children's and adult dental clinics at the health department. This data was formulated to be used in conjunction with recent meetings held between staff of the health department, Angie McLaughlin – Manager of the Community Health Care Clinic, and representatives of the Multi-Cultural Leadership Program that are assisting the CHCC in developing a capital campaign and operational design for opening a dental clinic to serve clients of the CHCC. This data was used as a kick-off to discussing opportunities for partnering for a community collaborative on a "Community Based Dental Clinic" for low income, uninsured, under-insured, and Medicaid eligible clients. **New Business, Item for Information, Item for Discussion.**

7. Lisa Slater, Communications Specialist, will give an overview to the Board of the activities conducted by the McLean County Health Department in recognition of Public Health Week, April 6 – 10. During the week, the Health Department conducted a series of events surrounding the theme "Healthiest nation 2030". Weekly events included Healthy Visions Photo Contest, WIC Recipe Project, ISU Quad short video snippets on public health in action, and on Friday, April 10th, the Health Department sponsored a Downtown Walk Around that included an organized walk taking place in downtown Bloomington headed by the Director of the Health Department and the Mayors of Bloomington and Normal. **New Business, Item for Information.**

CONTRACTS/GRANT APPLICATION LIST
BOARD OF HEALTH May 13, 2015

DOCUMENT TYPE	FUNDING AGENCY	FUNDING PERIOD	NEW OR RENEWAL	PRIOR FUNDING	NEW REQUEST TOTAL	DESCRIPTION
1) CONTRACT	IDPH	10/01/14-9/30/15	RENEWAL	\$1,650.00	1,650.00	Safe Drinking Water
2) CONTRACT	IPHA	7/01/13-6/30/15	AMENDMENT #3	90,562	95,062	HIV Prevention Contract
3) CONTRACT	IL Prairie Community	5/01/15-7/31/15	NEW		1,000.00	Diseaster Preparedness
4) CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$436,402	\$421,399	WIC
5) CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$31,600	\$28,400	BF Peer Counseling
6) CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$1,000	\$1,000	Farmer's Market
7) APPLICATION	IDPH	4/01/15-3/31/16	RENEWAL	\$38,841.00	34,678.00	Vector Surveillance Grant
8) APPLICATION	IDPH	7/01/15-6/30/2016	RENEWAL	\$11,500.00	11,500.00	Genetics Ed and Follow-Up
9) APPLICATION	IDPH	7/01/15-6/30/16	RENEWAL	\$8,600.00	8,600.00	Dental Sealant
10) APPLICATION	IDPH	7/01/15-6/30/16	RENEWAL	\$3,960.00	3,640.00	Vision and Health Grant

- 1) IDPH Grant Contract renewal with IDPH for non-Community Water. LHD assures non-community public water supplies are in compliance with USEPA Drinking Water regulations. Same contract amount as previous year.
- 2) Contract increase in the amount of \$4500 for HIV prevention program. IPHA increased McLean County contract by amount equal to estimated amount of lapsed funds from Peoria County.
- 3) New Grant from Illinois Prairie Community Foundation. Grant will be utilized to purchase disaster preparedness coloring books for youth at Bloomington and Normal Student Day Camps.
- 4) WIC is a federally funded program which provides supplemental foods, health screenings, health care referrals and nutrition education, at no cost, to low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to 5 years of age, who are found to be a nutritional risk. FY16 grant reduced \$15,003 or 3.4%.
- 5) The Breastfeeding Peer Counselor Program, funded through USDA, provides breastfeeding education and support to pregnant and breastfeeding women by a peer. The Peer Counselor is a member of the community, with similar characteristics of WIC clients who gives basic breastfeeding information and encouragement to breastfeeding mothers, with a desire to help other mothers enjoy a positive breastfeeding experience. FY16 grant reduced \$3,200 or 10.1%.
- 6) The Farmer's Market Nutritional Program provides fresh, nutritious, unprepared, locally grown fruits and vegetables through farmers' markets, to WIC participants. Grant remained level.
- 7) Application to IDPH for Vector Grant used for surveillance, public information, human case investigation and prevention for vectors of human disease such as mosquitos, ticks, rodents, and other vectors. FY16 application reflects a \$4,163 or 10.7% reduction from current FY15 contract amount.
- 8) Application to IDPH for Genetics Education and Follow-up Grant. This grant is used to increase the availability of genetic services to McLean County families who have a family member with an heritable condition. Application total is identical to current FY15 contract.
- 9) The purpose of this school-based program is to provide dental exams, cleanings, fluoride treatments and dental sealants on permanent molar teeth to children in McLean Co schools who are at high risk for dental caries. The intent is to reduce the incidence of tooth decay. Services are provided on a contractual basis by Orland Park Dental Services, Peoria, IL.
- 10) The purpose of the Vision and Hearing Grant is to provide mandated vision and hearing screenings for preschool (age 3 and older) and school age children in order to detect early vision and hearing impairments. Grant reduced \$320 or 3%.

All contracts and/or grant applications may be reviewed in their entirety upon request.

MH/SA Funding	A	B	C	D	E	F	G	H
	Annual Funding FY'15	FY'16 Funding @ Total Request	July 2015 - December 2015 Month Contract Extension of Currently Funded Agencies	6 Month Funding Option B	12 Month Funding July '15 thru June '16	Flat Funding 12 month contract Jan - Dec 2016	12 Month Contract Jan - Dec 2016 Maximum Tax Rate	Board/Staff Recommendations
Project Oz	\$ 56,868	\$ 124,046	\$ 28,434		\$ 56,868	\$ 56,868	\$ 124,046	
The Baby Fold	\$ -	\$ 66,744	\$ -				\$ 66,744	
Eastar Seals Central Illinois	\$ -	\$ 47,328	\$ -					
Labyrinth Outreach Services to Women	\$ -	\$ 41,600	\$ -					
Lutheran Children & Family Services of IL	\$ -	\$ 6,864	\$ -					\$ 41,600
Marcfirst Supported Living	\$ -	\$ 70,000	\$ -					
Marcfirst SPICE	\$ -	\$ 12,000	\$ -					
Chestnut Specialty Court (Drug Crt)	\$ 182,064	\$ 185,907	\$ 91,032		\$ 182,064	\$ 182,064	\$ 182,000	
Chestnut School Prg	\$ 145,440	\$ 145,440	\$ 72,720		\$ 145,440	\$ 145,440	\$ 100,000	
Chestnut Crisis	\$ -	\$ -	\$ -					
Chestnut Outpatient Mental Health	\$ -	\$ 269,194	\$ -					
VWCA McLean County	\$ -	\$ 29,000	\$ -					
PATH	\$ 38,028	\$ 38,000	\$ 19,014		\$ 38,028	\$ 38,028	\$ 38,000	
PATH - Data Collection Grant	\$ 40,000	\$ 40,000	\$ 20,000		\$ 40,000	\$ 40,000	\$ 40,000	
CYFS - MRT	\$ 25,716	\$ 25,716	\$ 12,858		\$ 25,716	\$ 25,716	\$ 25,716	
Children's Home & Aid Society - Butterfly Project	\$ -	\$ -	\$ -					
CHS - Crisis	\$ 361,916	\$ 365,916	\$ 180,958		\$ 361,916	\$ 361,916	\$ 361,916	
CHS - Psych	\$ 311,868	\$ 357,620	\$ 155,934		\$ 311,868	\$ 311,868	\$ 311,868	
CHS - Transitional Housing	\$ -	\$ 28,870	\$ -					
CHS - Outreach Counseling	\$ -	\$ 49,919	\$ -					
Collaborative Solutions - AVERT	\$ -	\$ 17,878	\$ -					
July 2015 - December 2015 Contracts		\$ 580,950	\$ -		\$ 1,161,900			
July 2015 - June 2016 Contracts		\$ 1,922,042						
January 2016 to December 2016 Contracts						\$ 1,161,900	\$ 1,750,834	\$ 1,291,890
Unallocated Funds for July 2015 - December 2015 Contracts			\$ 68,448	\$ 649,398	\$ 136,896	\$ 136,896		\$ 6,906
Unallocated Funds for January 2016 - December 2016 Contracts								
Total Contracts	\$ 1,161,900	\$ 1,922,042	\$ 649,398	\$ 649,398	\$ 1,298,796	\$ 1,298,796	\$ 1,750,834	\$ 1,298,796
Administration Costs	\$ 96,439	\$ 112,475	\$ 56,238	\$ 56,238	\$ 112,475	\$ 112,475	\$ 112,475	\$ 112,475
FY'16 Levy Amount Needed for Contracts Jan thru June 2016		\$ 1,272,644			\$ 649,398			
FY'16 Levy Amount Needed for Continued Flat Funding July - Dec 2016		\$ 961,021			\$ 649,397			
FY'16 Total Levy Amount Needed	\$ 1,258,339	\$ 2,346,140			\$ 1,411,270	\$ 1,411,272	\$ 1,863,310	\$ 1,411,272

Tax Rate

0.03787

0.06296

0.03787

0.03787

0.03787

0.03787

0.05000

0.03787

No Change in
Tax RateMaximum Tax
Rate AllowedEstimated EAV (1.2% above prior year)
3,726,620,751

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

McLean County
Mental Health Advisory Board

(55 ILCS 5/5-25025)(b) states, "The president or chairman of the county board of health shall appoint a mental health advisory board composed of not less than 9 nor more than 15 members who have special knowledge and interest in the field of mental health. Initially, 1/3 of the board members shall be appointed for terms of one year, 1/3 for 2 years, and 1/3 for 3 years. Thereafter, all terms shall be for 3 years. This advisory board shall meet at least twice each year and provide counsel, direction, and advice to the county board of health in the field of mental health."

The MHAB would act as a trusted advisor to the BOH. The BOH will retain and exercise final responsibility for policy, priorities, budgeting, and appropriations. By-Laws for the MHAB provide structure such as purpose, duties, membership, officers, meetings, etc. Responsibilities would include:

- Work closely with the Behavioral Health Program Manager
- Utilize community needs assessments including, but not limited to a County Community Mental Health Plan, Community Health Plans, United Way Assessments and other pertinent planning and assessment documents to assist in: promoting optimal community health and wellness, avoiding duplication of efforts, ensuring accurate measure of need, identifying areas of improvement, and encouraging integrated community behavioral health planning
- Assist the BOH in its development of strategic funding objectives, utilizing their knowledge and interest in the field of behavioral health to assist them in advising the BOH in determining tax supported funding priorities
- Assist the BOH in analyzing and interpreting behavioral health data as it applies to BOH priorities
- Assist Program Manager in reviewing and evaluating tax supported funding requests
- Report to the BOH on a schedule determined by the BOH

As an advisory body of a subsidiary of McLean County, it would be subject to the Open Meetings Act.

DRAFTCounty Board
Appointment**BYLAWS
McLEAN COUNTY MENTAL HEALTH ADVISORY BOARD**- membership
Section**ARTICLE I NAME**

The name of this Advisory Board shall be McLean County Mental Health Advisory Board.

ARTICLE II PURPOSE

The purpose of the Board is to advise and assist the McLean County Board of Health regarding mental health and its relationship to the public health of the county. The Board will provide counsel, direction, and advice on topics of mental health as directed by the Board of Health and its staff. The Advisory Board will assist the Board of Health in addressing mental health aspects of community wellness and population based disease control through health promotion, early intervention, and health protection. The Board shall:

1. Work closely with the Behavioral Health Program Manager.
2. Assist the Board of Health in its development of the strategic plan utilizing the county-community action plan as one of many points of reference to model the goals and objectives of the McLean County Health Department in its relation to mental health services.
3. Assist with updating the mental health strategic plan on a schedule determined by the Board of Health.
4. Evaluate priorities for funding based on its strategic plan.
5. Analyze data collected.
6. Assist with the reviewing and evaluating funding requests.
7. Report to the Board of Health on a schedule determined by the Board of Health.

ARTICLE III MEMBERS

SECTION 1. Number. The Advisory Board shall consist of no less than 9 members and no more than 11. A vacancy shall not prevent the Advisory Board from conducting business.

SECTION 2. Conflict of Interest. In an effort to assure Advisory Board members are committed to providing unbiased counsel, direction, and advice to the Board of Health, especially in regards to 553 (behavioral health) funding, special care should be taken to exclude members that are employed or affiliated, personally or professionally, with agencies or programs funded by or having contractual obligations with the 553 Levy.

SECTION 3. Appointment and removal. Members of the Advisory Board shall be appointed by the President of the Board of Health. Removal results from formal action by the Advisory Board members with the consent of the Board of Health. Recommendations for membership will be accepted from any source.

SECTION 4. *Term.* Initially, 3 members shall be appointed for terms of 1 year, 3 members shall be appointed for terms of 2 years, and 3 members shall be appointed for terms of three years. Thereafter all members' terms shall be for 3 years. This does not preclude any member from being reappointed.

SECTION 5. *Compensation.* All members of the Advisory Board shall serve without compensation.

SECTION 6. *Voting.* Each member of the Advisory Board shall be entitled to one vote on any matter submitted to a vote of the Advisory Board.

SECTION 7. *Staff members.* Staff support and resources will be provided by the Health Department.

SECTION 8. *Board of Health representative.* The Health Department Director or the Behavioral Health Program Manager shall act as representatives of the Board of Health.

ARTICLE IV MEETINGS

SECTION 1. *Regular Meetings.* Regular meetings of the Advisory Board shall be held at least two times per year.

SECTION 2. *Special Meetings.* Special meetings of the Advisory Board may be held on call of the Health Department Director, the Board of Health, the Chairperson of the Advisory Board, or by any three (3) members of the Advisory Board.

SECTION 3. *Notice of Meeting.* Written notice stating the date and hour of each meeting shall be delivered or mailed or electronically communicated to each member not less than five days before each meeting. Announcement of meetings will be made through the local media.

SECTION 4. *Quorum.* A quorum for the purpose of holding a meeting shall consist of not less than 50 % of the active members of the Advisory Board.

SECTION 5. *Manner of Acting.* A quorum present, the act of a majority of the members present shall constitute the action of the entire Advisory Board, except as may be otherwise provided in these Bylaws.

SECTION 6. *Parliamentary Procedure.* *Robert's Rules of Order*¹ are adopted.

ARTICLE V COMMITTEES

Subcommittees specializing in behavioral health aspects of the County, specifically mental illness and substance abuse, may be appointed.

ARTICLE VI WORK GROUPS

Work groups may be appointed by the Behavioral Health Program Manager as needed to accomplish specific objectives.

ARTICLE VII BOOKS AND RECORDS

The Advisory Board shall keep minutes of all proceedings of the Advisory Board and such other books and records as may be required for the proper conduct of its business and affairs.

ARTICLE VIII AMENDMENTS

These Bylaws may be amended at any regular or special meeting of the Advisory Board. Written notice of the proposed Bylaw change shall be mailed or delivered to each member at least five (5) days prior to the date of the meeting. Changes in the Bylaws must be approved by the President of the Board of Health. Bylaw changes require a two-thirds (2/3) majority vote of the Advisory Board members present.

¹Roberts, Henry N. *Robert's Rules of Order, Newly Revised* (Glenview, ILL.:Scott, Foresman & Co., 1981).

Illinois Department of Human Services
Better Birth Outcome Performance Report
Summary
For the Period 1/1/2015 to 3/31/2015

	BBO 1st Trimester Percent	F-to-F Contacts Percent	Other Contacts Percent	Home Visits Percent	Breast Feeding Percent	Percent Caseload Medicaid
Standard	80%	100%	100%	75%		
STATEWIDE	45.4	55.3	56.4	34.2	69.3	93.8
ADAMS CHD	33.3	0.0	0.0	0.0	0.0	66.7
AUNT MARTHA'S YOUTH SERV COOK	31.7	48.3	69.0	34.5	68.0	95.1
AUNT MARTHA'S YOUTH SERV VERM	62.9	10.6	42.6	8.5	39.1	97.0
AUSTIN PEOPLES ACTION CENTER	44.4	32.1	75.0	10.7	70.0	93.9
CATHOLIC CHARITIES OF CHICAGO	20.2	38.9	50.0	19.4	68.3	94.0
CHICAGO FAMILY HEALTH CENTER	11.3	19.2	7.7	11.5	27.3	92.8
COMMUNITY ALTERNATIVES UNLTD	30.7	43.5	56.5	32.6	76.2	95.7
DUPAGE CHD	69.2	48.9	24.4	26.7	88.2	93.3
EAST SIDE HEALTH DISTRICT	36.4	54.5	21.2	42.4	52.1	96.1
ERIE FAMILY HEALTH CENTER	59.4	76.9	64.1	20.5	95.0	91.7
FIRMAN COMMUNITY SERVICES	45.5	23.9	74.6	21.1	80.6	92.3
LAWNDALE CHRISTIAN HC	67.3	86.1	72.2	13.9	46.4	91.0
LIVINGSTON CHD	60.5	0.0	0.0	0.0	77.8	97.7
MACON CHD	45.6	80.8	64.1	66.7	60.2	93.5
MASON CHD	73.3	93.3	53.3	60.0	73.3	97.8
MCLEAN CHD	66.9	75.8	78.8	51.5	73.7	97.5
NEAR NORTH HS - WINFIELD MOODY	55.7	86.7	28.9	37.8	79.5	88.7
SANGAMON CHD	54.9	30.0	50.0	10.0	100.0	96.1
ST CLAIR CHD	45.0	66.7	86.1	41.7	81.8	85.3
TASC	13.7	26.7	40.0	26.7	50.0	96.1
TAZEWELL CHD	23.1	46.5	58.1	58.1	87.2	96.2
VNA FOX VALLEY	47.5	54.5	36.4	72.7	85.7	92.5
WILL CHD	43.6	81.0	85.7	38.1	82.6	100.0
WINNEBAGO CHD	26.8	55.6	51.9	70.4	63.3	94.8

Illinois Department of Human Services
Better Birth Outcome Performance Report
For the Period 1/1/2015 to 3/31/2015

MCLEAN CHD

Women active in BBO any time during the report period

163	All
159	On Medicaid
97.5	Percent on Medicaid
109	Enrolled in the first trimester
66.9	Percent enrolled in the first trimester

Women with infants turning 6 weeks old during the report period who initiated breastfeeding

38	All
28	Women who initiated breastfeeding
73.7	Percent of women who initiated breastfeeding

Women leaving BBO during the report period who were active in BBO for at least 1 month

33	All
25	Received required face to face visits
75.8	Percent received required face to face visits
26	Received required other contacts
78.8	Percent received required other contacts
17	Received required home visits
51.5	Percent who received required home visits

Illinois Department of Human Services Better Birth Outcomes Risk Factor Report

For the period 01/01/2015 through 03/31/2015

Agency	Assessment Question	Median County		Statewide	
		Count	Percent	Count	%
MCLEAN CHD	TOTAL 707G ASSESSMENTS THIS PERIOD	42	100.0	909	100.0
	1. ALCOHOL OR OTHER SUBSTANCE ABUSE CONTINUING DURING PREGNANCY?	0	0.0	40	4.4
	2. TOBACCO USE CONTINUING DURING PREGNANCY?	17	40.5*	167	18.4
	3. DISEASES THAT AFFECT PREGNANCY?	15	35.7	383	42.1
	4. PREVIOUS PRE-TERM BIRTH (HX PRE-TERM BIRTHS, STILLBIRTHS, 2 OR MORE MISCA	14	33.3	321	35.3
	5. WEIGHT LESS THAN 100 LBS. PRE-PREGNANCY OR DURING PREGNANCY?	1	2.4	29	3.2
	6. PRE-PREGNANCY BMI EQUAL TO OR GREATER THAN 30?	16	38.1	359	39.5
	7. MORE THAN FOURTH PREGNANCY WITHIN 40 MONTHS OR THIRD CHILD EXPECTED	2	4.8*	114	12.6
	8. AGE 40 YEARS OR GREATER AT TIME OF CONCEPTION?	0	0.0	29	3.2
	9. HIV OR REPEATED STD INFECTIONS (INCLUDING BACTERIAL VAGINOSIS)?	6	14.3	123	13.5
	10. UNDER AGE 15?	1	2.4	14	1.5
	11. CURRENT PREGNANCY IS MULTI-FETUS?	1	2.4	35	3.9
	12. VICTIM OF DOMESTIC VIOLENCE?	11	26.2*	96	10.6
	13. DSM V CLASSIFICATION?	23	54.8*	264	29.0
	14. LOW EDUCATIONAL ATTAINMENT (OVER AGE 18 AND LESS THAN 10TH GRADE EDU	2	4.8*	224	24.6
	15. HOMELESS OR IN TEMPORARY HOUSING?	4	9.5*	146	16.1
	16. PREVIOUSLY INCARCERATED OR UNDER HOUSE ARREST?	6	14.3*	69	7.6
	17. PREVIOUSLY HAD OR CURRENTLY HAS A CHILD IN DCFS CUSTODY?	2	4.8	35	3.9

Dental Analysis 2011 - 2015

Dental Program - Revenue and Expenses

	Jan-March					Total	Annual Average	
	2015	2014	2013	2012	2011			
Revenue	100,643	427,840	502,147	484,794	438,355	1,953,779	459,713	
Expense	109,820	463,513	498,227	477,548	433,963	1,983,071	466,605	
Dentist Expense	45,889	201,232	203,617	182,584	197,474	830,795	195,481	42%
Clinic Expenses	63,931	262,282	294,610	294,964	236,489	1,152,276	271,124	58%
	-9,177	-35,673	-3,920	-7,245	-4,391	-29,293	-6,892	

Children Served

Dentist	375	1,674	1,776	1,651	1,719	7,195	1,693
Hygienist	776	3,420	3,726	3,428	2,670	14,020	3,299
% Medicaid	99.91%	99.74%	99.85%	99.90%	99.70%		99.8%
% Non-Medicaid	0.09%	0.26%	0.15%	0.10%	0.30%		0.2%

Adults Served

	115	553	343	547	900	2,458	578
% Medicaid	84.35%	44.48%	16.33%	63.44%	78.67%		51.5%
% Non-Medicaid	15.65%	55.52%	83.67%	36.56%	21.33%		48.5%

Legislative removed coverage for adult dental

Historical

- MCHD has operated the only low income/Medicaid Dental Clinic in County for 17 years. April, 1998 moved current location.
- We decided to operate the clinic because no one else would. We worked extremely hard to get Dental Society and local dentists to participate.
- For most of those years, approximately 15, we were able to barely break even working as Mash-style dental philosophy clinic. That means our objective was to make sure we saw enough clients and services to make resources and expenses balance. No long complex procedures. Partner with oral surgeons to take complex cases. This is an enormous feat to balance a program on Medicaid rates.
- We have gotten to the point where it is no longer possible.
- I want to make sure the message to the community is clear and not confusing; as we applaud the local expansion of dental services we may have to cut back or modify our service program.

